

# **ST THERESA VACATION BIBLE CAMP**

## **Registration Form**

**Date: Monday June 24 – Friday June 28, 2019**

**Time: 9am -12:30pm (Arrival time: 8:45 am)**

**Place: St. Theresa School Gym**

**Ages: Children Entering Pre K4 – Grade 5**

**Fee: \$50 per Child**

*Registration deadline Friday May 24. Please drop off registration form & fee (make checks payable to St Theresa Parish) in an envelope marked "VBC" to the Religious Ed Office/Parish Center Monday- Friday 9:30-3:30. Please use drop box on door if after hours.*

*\*Additional forms can be found on St. Theresa website [www.sttheresatrumbull.org](http://www.sttheresatrumbull.org)*

**Children entering Pre K 4 thru Grade 5 are invited to register.**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Entering Fall 2019 \_\_\_\_\_ (Child T Shirt Size: SM M LG XL)

Allergies/Medical conditions: YES \_\_\_\_\_ NO \_\_\_\_\_ (If YES describe on back)

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Entering Fall 2019 \_\_\_\_\_ (Child T Shirt Size: SM M LG XL)

Allergies/Medical conditions: YES \_\_\_\_\_ NO \_\_\_\_\_ (If YES describe on back)

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

EMAIL \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

In Case of Emergency~Name \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Check#/Cash \_\_\_\_\_

Notes \_\_\_\_\_

\*\*\*In case of financial hardship please contact Rose Talbot-Babey\*\*SEE BACK >>>>>

## CHILDS MEDICAL HISTORY

*Child's Name:* \_\_\_\_\_

*Allergies/Medical condition:* \_\_\_\_\_

*Child's Name:* \_\_\_\_\_

*Allergies/Medical condition:* \_\_\_\_\_

### ***ADULTS AUTHORIZED FOR PICKUP:***

1. \_\_\_\_\_

2. \_\_\_\_\_

*Vacation Bible Camp Coordinator  
Rose Talbot-Babey  
203-261-4706*

**VBC@STTHERESATRUMBULL.ORG**