



St. Catherine Parish  
Parroquia de Santa Catalina

# Join Us for Vacation Bible Camp Summer 2017!



**Half Day Camp (2 Sessions)**  
**June 12-16, 2017**  
**June 19-23, 2017**  
**9:00 am—12:00 noon**

For all children ages 4-11  
(entering PK - grade 5 in Fall 2017)

Cost: \$50 per child / \$40 each additional child in the family.  
*Children of full week volunteers register for FREE!*

**Registration Opens Monday, February 27th.**  
**Registration Deadline: May 1st or until filled.**

Registration forms are available online, at the Rectory or the Family Faith Formation Office.

For further information or to volunteer, please contact:

Dianna Lopez at (408) 779-9604 or by e-mail: [dlopez@dsj.org](mailto:dlopez@dsj.org)

# REGISTRATION AND RELEASE FORM—VBC Summer 2017

**YES! Register my child for the following camp:**

**Session I: \_\_\_\_ June 12-16 or Session II: \_\_\_\_ June 19-23**

Name of Child: \_\_\_\_\_ Grade in Fall 2017: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Home #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mother Cell #: \_\_\_\_\_ Father Cell #: \_\_\_\_\_

Favorite Snack: \_\_\_\_\_ Favorite Fruit: \_\_\_\_\_

\_\_\_\_\_ I am available to volunteer for VBC. Please contact me!

Please circle T-shirt size: Child S M L XL Adult M L XL

Does your child have a medical condition or food allergy? Y N

If yes, please explain: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

## **Emergency Contact Person (in the event the parent(s) cannot be notified)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

I understand that reasonable precautions will be taken to safeguard the health and well-being of my child, and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent to any x-ray exam, anesthetic, medical, dental or treatment and hospital care to be rendered to my child under the general care and advice of any physician, dentist, or surgeon licensed to practice in any state. I further understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred.

By signing this form, I hereby grant permission for my child to be photographed and/or videotaped during Vacation Bible Camp (VBC) at St. Catherine Church. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotape footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting VBC. **Please print "Photo Opt Out" by the signature if you do not want this permission granted.**

**FOR OFFICE USE:** Payment Enclosed: \$ \_\_\_\_\_ CASH enclosed? yes/no \_\_\_\_\_ Check # \_\_\_\_\_