



# St. Philip's Bible Camp

## For our Young Parishioners

### Summer 2009 Registration Form

**Dates:** July through August 2009

**Times:** Tuesdays and Thursdays from 9am to 12 pm (with snack break)

Please send this form to the Religious Education office by June 1<sup>st</sup> with payment of **\$ 20.00 per child**. Checks payable to: *St. Philip the Apostle*.

Once registered, you will receive a schedule of events by the end of June.

Your child will be accepted only if there is room in the camp.

Space is Limited!! Restricted to Members of St. Philip's Parish

**Maximum number: 75 Students! But only if we get enough Volunteers!!!**

Parent'(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Child's Name*	D.O.B.	Grade (Fall, 2009)	Day(s)
_____	___/___/___	P4 K 1 2 3 4	Tues Thurs
_____	___/___/___	P4 K 1 2 3 4	Tues Thurs
_____	___/___/___	P4 K 1 2 3 4	Tues Thurs
_____	___/___/___	P4 K 1 2 3 4	Tues Thurs

\*Children must be at least four years old by July 1<sup>st</sup> and fully potty trained!

If your child will need medication dispensed during Bible Camp, please be available to administer the medication yourself. In the event of an emergency and we are not able to contact you, please sign the form below giving us the authority to seek, obtain and approve any medical treatment for the child named above which in our judgment is necessary for the health and well being of said children during the attendance at St. Philip's Bible Camp.

FACTS CONCERNING MEDICAL HISTORY-allergies, diseases, medical condition \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_, 2009

Amount attached: # children X \$20 each= \$\_\_\_\_\_.00

[Example: Three Children attending X \$20=\$60 Registration Fee]

If you are interested in volunteering your time, please check here

We need Help! Parents are to help at least once. Thank you!