



Saint Edmund Champion's Vacation Bible Camp
August 8 – 12, 2022
9:00 a.m. – 12:00 noon



K-12 Registration Form

Please register by July 25, 2022

Family Information

Last Name: _____ Telephone #: _____

Address: _____

Permission to Photograph

_____ I give permission for my child(ren)'s photograph to be taken during Vacation Bible Camp. I understand that photos may be used for a bulletin board display in the parish hall and/or be posted on the St. Christopher Church Facebook page.

_____ I do not give permission for my child(ren)'s photograph to be taken during Vacation Bible Camp.

Parent/Guardian Signature: _____ **Date:** _____

Emergency Contact Information

Emergency Contact: _____ Phone #: _____

Relationship to Child(ren): _____ Alternate Phone #: _____

Individual Child Information

(Students entering grades 6-12, please also complete the applicable section on the reverse side)

Child's Name: _____ Entering Grade _____ in the Fall

School: _____ DOB: _____

Does this child have any allergies we should be aware of? Yes (_____) No(_____)

If yes please explain: _____

Does this child have any medical conditions we should be aware of? Yes (_____) No(_____)

If yes please explain: _____

~ additional Individual Child Information boxes on reverse side ~

It's time for VBC!

Contact us with any questions:

Phone: 860-568-5240
 E-mail: StEdmund3@gmail.com

Individual Child Information

(Students entering grades 6-12, please also complete the applicable section below)

Child's Name: _____ Entering Grade _____ in the Fall

School: _____ DOB: _____

Does this child have any allergies we should be aware of? Yes (____) No(____)

If yes please explain: _____

Does this child have any medical conditions we should be aware of? Yes (____) No(____)

If yes please explain: _____

Individual Child Information

(Students entering grades 6-12, please also complete the applicable section below)

Child's Name: _____ Entering Grade _____ in the Fall

School: _____ DOB: _____

Does this child have any allergies we should be aware of? Yes (____) No(____)

If yes please explain: _____

Does this child have any medical conditions we should be aware of? Yes (____) No(____)

If yes please explain: _____

Camp Registration Fees

Campers (Entering K-5)

One Child - \$40.00

2 children from the same family - \$60.00

3 children from the same family - \$80.00

4+ children from the same family - \$100.00

If registering after 7, add \$10.00 per child (K-5 only)

Assistant Leaders (Entering 6-8)

\$10.00 each

Group Leaders / Station Volunteers (Entering 9-12)

No Charge

Please make checks payable to: *St. Edmund Campion*

Please send all registration forms and fees to:

Saint Edmund Campion Parish VBC

538 Brewer Street

East Hartford, CT 06118

➤ **ATTN: Student(s) Entering Grades 6-12** ◀
Camp Agreement

By signing below I agree to follow the rules of the camp, respect all Vacation Bible Camp staff and participants, and do my best to make the camp a good experience for all.

1st Student: _____

2nd Student: _____

➤ **ATTN: All Students Entering Grades K-12** ◀

Students Entering K-5: T-Shirt Sizes (Child)

(Note quantity next to desired size if more than one K-5 student)

Small____ Medium____ Large____ Extra-Large____

Students Entering 6-12: T-Shirt Sizes (Adult)

(Note quantity next to desired size if more than one 6-12 student)

Small____ Medium____ Large____ Extra-Large____