



Vacation Bible Camp REGISTRATION

Summer 2008, age 3 thru grade 6
 August 4th - August 8th, 9:30 am - 12:30 pm

→→**To register** please send:←←

[1] this form, and [2] your check or money order payable to "**Holy Cross Youth Ministries**" to Holy Cross Church, 639 Mountain Avenue, Springfield, NJ 07081 -- Atten: VBC Registration

Fee: \$30 (+\$20 for 2nd sibling & \$15 for 3rd sibling -- no charge for additional siblings)

CHILD(REN)'S NAME(S)	BIRTHDATE	'07-'08 GRADE *	Allergies/Food Sensitivities	Regular/Seasonal Meds (inhalers, etc)
		* If your child has NOT entered Kindergarten, please register your child(ren) by age.		

PARENTS NAMES _____

STREET ADDRESS _____

TOWN _____ ZIP CODE _____ EMAIL ADDRESS _____

HOME PHONE _____ MOM'S CELL# _____ DAD'S CELL# _____

WHO IS AUTHORIZED TO PICK UP YOUR CHILD(REN)? (PLEASE NOTE: We will not release your child(ren) to anyone other than those names listed below. **Please include parent(s).**

EMERGENCY CONTACT INFORMATION IF YOU CANNOT BE REACHED DURING VBC

NAME _____ PHONE# _____ CELL# _____

RELATIONSHIP TO CHILD _____

I authorize the Vacation Bible Camp Staff to secure any emergency medical care or treatment that may be necessary for my child(ren) in my absence. I understand that every attempt will be made to contact me.

SIGNATURE _____ DATE _____

*Cost should not keep a child from attending--please call Terri Dionisio ext. 207 to speak about scholarship oppurtunities

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is a ministry of Holy Cross Church * 639 Mountain Avenue * Springfield, NJ 07081 * 973-379-4525