

Camper Registration



Vacation
Bible
School

June 15-19
9 am - 12 pm

Child's Name: _____
(one application per camper)

Parent/Guardian Name: _____

Dismissal Person (if different from above): _____

Address: _____

Phone Number: _____ E-mail: _____

Age: _____ School Grade Completed: _____ (Campers must be 3yr old potty trained - 4th grade)

Current Parish: _____

Allergies/Medical Information/Other: _____

Does your child have an epi-pen? _____ These medications are used in our First Aid Room. Please check if a medication CANNOT be used on child. This medication CANNOT be used on my child:
_____ Peroxide _____ Antibiotic ointment

Emergency Contact (other than parents) :

Name: _____ Phone: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Camp Shirt Size: _____

Registration Fees:

Early: Payment received **from Feb 1 - 24, by 12pm**, \$40 per camper, \$75 per Family

Regular: Payment received **from Feb 25 - May 4, by 12pm**, \$50 per camper, \$95 per Family

Late: Payment received **from May 5 -11 by 12pm, no exceptions** \$100 per Camper (does not guarantee shirt size)

Camp age children are free for Volunteers. Nursery will be provided for Volunteers with children under 3 yrs.
Please, make checks payable to Holy Redeemer and mail or drop off at Parish Office.
Scholorships available, contact Director, vbsholyr@gmail.com

Other (church use only)

Group/Counselor:

Parent volunteer?

Where?

Forms?



HOLY REDEEMER PARISH AND SCHOOL
17 JOY AVE, ST. LOUIS, MO 63119
(314) 962-0038



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2020 Vacation Bible School Medical Release and Permission to Photograph Form

Medical Release

I, _____, understand Holy Redeemer Catholic Church of Webster
(print parent/guardian name)

Groves will make every effort to contact me, or those named, in case of an emergency requiring a physician. However, if unable to make contact, the Church leaders are hereby authorized to take whatever action is deemed necessary in their judgment or at the direction of the Doctor listed on registration form for the health and safety of my child, _____.

(print child's name)

I also understand the Church has no financial responsibility for emergency care for my child or transportation in an emergency vehicle should the need arise.

Parent/Guardian Signature _____ **Date** _____

Permission to Photograph

I, _____, grant Holy Redeemer Parish and School of Webster
(print parent/guardian name)

Groves permission to use photographs of my child, _____,

(print child's name)

in its publications (worship bulletins, slide shows, brochures, etc.) including website entries in reference to Vacation Bible School. Holy Redeemer is a private venue and outside photographs from unauthorized devices or photographers will not be allowed, to protect the privacy of minors. Please be mindful of social media platforms and Internet sharing of minors without written consent from a legal guardian. i.e. Facebook State of MO policy dictates this as a violation of privacy rights, COPPA law.

Parent/Guardian Signature _____ **Date** _____