



Our Lady of Fatima Catholic Church

Summer Vacation Bible School

August 1-5, 2011

Monday – Friday, 9:00am to Noon

Coordinator: Brittany Doan, vbs@olfchurch.net, 363-3634

Mail or drop off completed form to:

Our Lady of Fatima Church | 105 N. La Esperanza | San Clemente, CA 92672

CAMPER/VOLUNTEER REGISTRATION

FAMILY INFORMATION:

Father: Last Name: _____ **Mother:** Last Name: _____

First Name: _____ First Name: _____

Home Address: _____

Tel. #: _____ Alternate. #: _____

Email: _____ Alternate Email: _____

CHILDREN ATTENDING: (must be age 4 by August 1, 2011) Please specify grade the child will be entering in Fall 2011

Child #1: _____	Age: _____	Grade: _____	T Shirt Size: YS	YM	YL	S	M
Child #2: _____	Age: _____	Grade: _____	T Shirt Size: YS	YM	YL	S	M
Child #3: _____	Age: _____	Grade: _____	T Shirt Size: YS	YM	YL	S	M
Child #4: _____	Age: _____	Grade: _____	T Shirt Size: YS	YM	YL	S	M

YOUTH VOLUNTEERING: (6th Grade in Fall 2011 and older) NO FEE:

Child #1: _____	Age: _____	Grade: _____	T Shirt Size: YL	S	M	L	XL
Child #2: _____	Age: _____	Grade: _____	T Shirt Size: YL	S	M	L	XL

ALL PARENTS ARE REQUIRED TO VOLUNTEER IN SOME CAPACITY

Please circle your preferred DAY(s): **Mon** **Tue** **Wed** **Thur** **Fri** (Mass at 8:30a, all are invited)

Will you require Child Care while you volunteer? YES, for my _____ child(ren) ages 12 mos – 3 yrs

I would like to (please check one or more):

<input type="checkbox"/> Group Leader	<input type="checkbox"/> Bring Supplies/Snacks (circle M T W TH F)
<input type="checkbox"/> Child Care	<input type="checkbox"/> Station Leader/Assistant
<input type="checkbox"/> Registration	<input type="checkbox"/> Set-up/ Clean up

FEES: \$65 per child (includes t-shirt): Total children _____ x \$65 Attending = _____ TOTAL

PAYMENT DUE WITH REGISTRATION Payment may be made by check or online. Simply click the **Online Giving** icon at the top of our parish homepage. Please indicate your payment method below:

- Check made payable to **Our Lady of Fatima Church** and is included with registration form.
- Payment made using **Online Giving**. (**Don't forget to mail your completed registration form to the parish office.**)
- Please check if you wish to sponsor a child to attend VBS or make a donation (amount \$ _____)

*****PLEASE NOTE***** Registration fee is NON-REFUNDABLE. Full payment is required to complete registration. I understand that the VBS Administration reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the Camp.

Parent/Guardian Signature _____ Date _____

In early July you will receive detailed camp information via email.

Health History:

Please complete this information to the best of your knowledge.

Family Name: _____

Family Doctor: _____ Telephone # : (____) _____

Child's Name: _____

Please check if camper has any of the following and detail below:

___ asthma ___ epilepsy ___ diabetes ___ allergies (food, drug, other)

Details: _____

Does camper take any medications? Yes _____ No _____

Child's Name: _____

Please check if camper has any of the following and detail below:

___ asthma ___ epilepsy ___ diabetes ___ allergies (food, drug, other)

Details: _____

Does camper take any medications? Yes _____ No _____

Child's Name: _____

Please check if camper has any of the following and detail below:

___ asthma ___ epilepsy ___ diabetes ___ allergies (food, drug, other)

Details: _____

Does camper take any medications? Yes _____ No _____

PARENT'S AUTHORIZATION:

I hereby give consent for my child to participate in the Our Lady of Fatima Catholic Church Vacation Bible School and all activities unless I advise you in writing. I give permission to Our Lady of Fatima Catholic Church to use any photograph my child is in for promotional material. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Our Lady of Fatima Catholic Church and its officers, servants or assigns from any liability concerning our child's involvement in the Vacation Bible School program and further agree that the use of all Our Lady of Fatima Catholic Church facilities is made at the risk of the registrant. In case of an emergency, I hereby give permission the Our Lady of Fatima Vacation Bible School Staff to secure proper treatment for my child, as named on this form. Every effort will be made to contact a parent/guardian in the case of emergency.

Parent/Guardian Signature

Date: _____

PARTICIPANTS ARE REGISTERED FIRST COME, FIRST SERVED.

FOR VBS OFFICE USE ONLY

Amount paid: _____

Method of payment:

___ Check # _____

___ Cash

___ Online

Received By: _____ Date: _____ Time: _____