



St. Mary of the Assumption  
**Catholic Kidz Camp**  
**Registration Form**  
 Catholic Vacation Bible School  
**August 6 – 10 2018 from 6:00 – 8:30pm**  
 Preschool – Grade 6 (2018-19 school year) are Invited!

**Complete this form and return to parish office by Monday July 15**

132 S. High St., Lancaster, Ohio Questions? Ms. Rachel: [rmcanesp@cducation.org](mailto:rmcanesp@cducation.org)

**NO EXTENDED CHILDCARE AVAILABLE!**

**A Light Snack will be Provided!**

Child's Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_  Male  Female  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (2018-2019 school year): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_/St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent's Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Does this child have any medical condition(s) that we should be aware of (allergies, medications, etc.?)  
 If so please explain. \_\_\_\_\_  
 \_\_\_\_\_

Dismissal & Emergency Contact Information (To serve your child in case of ACCIDENT OR SUDDEN ILLNESS)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Siblings who will also be attending: \_\_\_\_\_

**A separate form must be filled out for each sibling.**

Permission granted to photograph/video and release images:  Yes  No

**Volunteer - Name:** \_\_\_\_\_

Yes, I am in  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup> grade and would like to volunteer.  
 Yes, I am an adult, 18 years or older, and would like to volunteer.

**\* Adult leaders must have completed the Protecting God's Children Workshop and have been fingerprinted through the Lancaster Sheriff's Department.**