



# Fun-Filled Days of Catholic Kidz Camp

June 26<sup>th</sup> – 30<sup>th</sup>  
 8:00 AM – 12:00 Noon  
 St. Matthew Parish  
 All children K– 5<sup>th</sup> grade  
 To register call the parish center  
 (715) 842-3148

Your free will donation will be greatly appreciated!

Older siblings are welcome to come as helpers

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Child's Name: \_\_\_\_\_ birth date \_\_\_\_\_ entering grade \_\_\_\_\_ allergy \_\_\_\_\_

Child's Name: \_\_\_\_\_ birth date \_\_\_\_\_ entering grade \_\_\_\_\_ allergy \_\_\_\_\_

Child's Name: \_\_\_\_\_ birth date \_\_\_\_\_ entering grade \_\_\_\_\_ allergy \_\_\_\_\_

Child's Name: \_\_\_\_\_ birth date \_\_\_\_\_ entering grade \_\_\_\_\_ allergy \_\_\_\_\_

Fun, Crafts, Songs, Games, Snacks,

### Emergency Contact Information

In case we cannot reach you please provide us with contact information.

Name \_\_\_\_\_ # \_\_\_\_\_

Health Insurance \_\_\_\_\_

Policy # \_\_\_\_\_

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, Parish and/or Organization from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance at St. Matthew Parish Summer Program. Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the week or for future advertisement of St. Matthew Parish programs and events.

Parent / Guardian name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

