



St. Thomas of Villanova

Vacation Bible School 2024

July 8—12 9:00-Noon

Kindergarten through Grade 6

## CAMPER REGISTRATION FORM

**Contact:** Mary Herman, [rec@stov.org](mailto:rec@stov.org), 847-358-2386

**Child's Name** \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Child's Grade \_\_\_\_\_

*(Please Print)*

Allergies or Special Needs \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Child's Grade \_\_\_\_\_

Allergies or Special Needs \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Child's Grade \_\_\_\_\_

Allergies or Special Needs \_\_\_\_\_

**Parent/Guardian Name(s)** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Preferred Contact Method \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

### DISMISSAL

Who may pick up your child at the end of each VBS day?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Cost \$50.00 per camper**