St. Thomas of Villanova

VBS Spirit Camp 2025

July 14-18 9:00-Noon

Kindergarten through Grade 6

CAMPER REGISTRATION FORM

Contact: Mary Herman, rec@stov.org, 847-358-2386

Child's Name _____

Child's Age _____ Child's Birth Date *(Please Print)* _____ 2025-26 Grade _____

Allergies or Special Needs _____

Child's Name _____

Child's Age _____ Child's Birth Date _____ 2025-26Grade _____

Allergies or Special Needs _____

Child's Name _____

Child's Age _____ Child's Birth Date _____ 2025-26Grade _____

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