



CATHOLIC COMMUNITY of SOUTH BALTIMORE
REGISTRATION FORM for VACATION BIBLE SCHOOL
JULY 9-13, 2018 | 9:00 am - 5:00 pm | Our Lady of Good Counsel

Family's Last Name: _____ Parishioners at CCSB? Yes No

Family's Address: _____

CHILD(REN)'S INFORMATION

Child's Name: _____ Circle one: Male Female

Date of Birth: _____ Entering Grade _____ School _____

List allergies or medications: _____

Child's Name: _____ Circle one: Male Female

Date of Birth: _____ Entering Grade _____ School _____

List allergies or medications: _____

Child's Name: _____ Circle one: Male Female

Date of Birth: _____ Entering Grade _____ School _____

List allergies or medications: _____

PROGRAM COSTS

The cost of the program is \$200 per child, which covers camp counselor stipends and materials. Please make checks payable to Catholic Community of South Baltimore, or pay online at www.southbalt.catholic.org. Financial assistance is available to those who require it; please email pcarrion@archbalt.org for more info.

GUARDIAN INFORMATION

Mother / Guardian

Father / Guardian

Name: _____

Name: _____

Address if different than child's:

Cell: _____

Cell: _____

Work: _____

Work: _____

Home: _____

Home: _____

Email: _____

Email: _____

EMERGENCY CONTACTS

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

PHOTO RELEASE

I grant permission for my child(ren) to be photographed for parish use in publications and documents such as, but not limited to: the parish bulletin, annual report, brochures and website.

Signature

Printed Name

Date

I do not give permission for my child to be photographed for any of the above purposes.

Signature

Printed Name

Date