



**VACATION BIBLE CAMP AT OLHC!**

**THEME:**

**“MARY, OUR MOTHER”**

**GRADES 1 TO 4**

**\*\*DATES: MON. AUG. 15thTH TO FRIDAY AUGUST 19TH\*\***

**TIME: 9:30 AM - 12:00 PM**

**OLHC LOWER CHURCH**

**(YETMAN AVENUE PARKING LOT ENTRANCE)**

**FEE IS $80 FOR ONE CHILD $125 PER FAMILY**

**Faith & Fun at OLHC Bible Camp....**

**\* Activities**

**\* Songs**

**\* Show for parents on the last day!**

**Any COVID19 Protocols in place will be followed.**

**REGISTRATION FORMS SHOULD BE RETURNED TO:**

**OLHC RELIGIOUS EDUCATION OFFICE (Lower Church)**

**before July 25th.**

**FOR MORE INFORMATION PLEASE CONTACT THE RELIGIOUS ED. OFFICE:  347-838-6726 OR joan.baggs@olhcparish.org**

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**Our Lady Help of Christians Office of Religious Education**

**2019 Vacation Bible Camp Registration Form**

**Monday, August 15th – Friday, August 19th**

**9:30 AM – 12:00 PM Grades 1- 4**

**Registration Fee: $80 per child, $125 per family (more than one child)**

**Cash or Check accepted. (Make out check to OLHC)**

**Child’s Name** *(One Form Per Child)***:**

**Date of Birth:**

**Age:**

**Grade Entering:**

**Parent/Guardian Name(s): Address:**

**City:**

**State:**

**Zip:**

**Phone #:**

**Secondary Phone #: Email Address:**

**Emergency Contact Name: Phone #:**

**How did you hear about VBS:**

**Parish:**

**\*\*\* Allergies or Medical Concerns:**

**EMERGENCY INFORMATION AND MEDICAL AUTHORIZATION**

Purpose of the following information: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under church authority, *when parents or guardians cannot be reached*.

In the event reasonable attempts to contact me at (phone #) have been unsuccessful, I hereby give my consent for: (1) The administration of any medical treatment deemed necessary by (physician)

Dr. at phone # or (Dentist) `Dr. at phone# , or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to (preferred hospital) or any other hospital reasonably accessible.

Facts concerning the child’s medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted:

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Parent/Guardian Signature:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_