



Fiesta! Vacation Bible Camp



June 19 – 23, 2006 8:00 am – 4:00 pm (Full Day)
8:00 am – 12:00 pm (Half Day)

June 18 Open House
June 23 Closing Celebration Potluck

REGISTRATION FORM

- Space is LIMITED: first come, first served basis.
- Required nonrefundable deposit of \$25 per student at time of registration; deposit will be applied toward registration fee.
- **BY MAY 21, REMAINING REGISTRATION FEE MUST BE PAID IN FULL**
- Make check payable to St. Patrick Church: Mail to 825 – 7th St., Rodeo, CA 94572
- Confirmation of enrollment will be mailed after May 28, 2006
- Registration Questions? Call (510) 799-4434 or email faithformation@stpatrickrodeo.org
- Please keep this top portion for your records.

Mother's Name: _____ Father's Name: _____

Address: _____ Email Address: _____

Phone Numbers: Home _____ Work _____ Cell _____ Other _____

Mother's: _____

Father's: _____

Emergency Contact Name _____ Relationship _____ Phone Number: _____

Participant Name	Date of Birth	Grade (Fall 2006)	Allergies, Asthma, Medical, Other Conditions	T-Shirt Size (Circle)
1. _____				S M L XL Youth Adult
2. _____				S M L XL Youth Adult
3. _____				S M L XL Youth Adult
4. _____				S M L XL Youth Adult
5. _____				S M L XL Youth Adult

	Full Day <i>Please circle:</i>	Half Day <i>Please circle:</i>	# Children /Quantity	Total Amount
Early Bird (by April 30): 1 st Child	\$150	\$100	1	
2 nd Child	\$125	\$75	1	
3 rd Child +	\$100	\$50		
Regular (After April 30): 1 st Child	\$175	\$125	1	
2 nd Child	\$150	\$100	1	
3 rd Child +	\$125	\$75		
Additional T-Shirt (Circle)	S M L XL S M L XL S M L XL	Youth / Adult Youth / Adult Youth / Adult	\$10 each	

For Office Use Only	Deposit: Date Received	Balance: Date Received
Check #/Cash		
Amount \$		
Received By		

GRAND TOTAL

- FINANCIAL ASSISTANCE AVAILABLE •
- ADDITIONAL DISCOUNTS AVAILABLE •
WITH PARENT VOLUNTEER



**PERMISSION TO PARTICIPATE &
MEDICAL RELEASE**

I hereby give permission for my child, _____
to participate in the religious and social activities sponsored by **St. Patrick Church
Vacation Bible Camp: Fiesta!**. I understand that this activity will be
supervised by adults, but that neither St. Patrick nor the volunteer supervisors and
chaperones can be held responsible for any accident which may occur.

In case of emergency, I can usually be contacted at:

Name _____ Phone/work/cell# _____

In the event that I cannot be reached, I give permission for an adult leader from
St. Patrick Faith Formation & Youth Ministry Programs to authorize appropriate medical
treatment for my child. This authorization will remain in effect until July 1, 2006,
unless sooner revoked in writing and delivered to St. Patrick Church.

Family Physician _____

Address _____ **Phone** _____

Medical Plan _____ **Plan/Group#** _____

List all conditions (such as allergies, seizures) for which your child requires ongoing medication
and state the type and frequency of medication given:

Has your child had difficulty with the following (circle all that apply):

Asthma	Fainting Spells	Convulsions	Diabetes	Heart	Eyes
Ears	Nose	Throat	Lungs	Digestion	
Menstrual Problems		Other _____			

List any physical restriction for any activity on the basis of medical condition:

Allergy or reaction to any medication or food? ___No ___ Yes, List _____

State the date of your child's last physical examination: _____

I have read this Agreement and understand everything written above.

Signature of Parent or Guardian

Date