

COVID 19 PROTOCOLS WILL BE FOLLOWED
VACATION BIBLE CAMP AT SAINTS SIMON AND JUDE
Monday, June 21 through Friday June 25, 2021
9:30 AM to 12:30 PM

Games
Bible Stories
Crafts

Songs
Lots and Lots
of Fun



Registration Form for Campers (Age 4 by June 20th through Grade 6) (PRINT NEATLY)

Please make checks payable to "Saints Simon and Jude" and INCLUDE with your Registration Form.

If Paid by May 31 "EARLY BIRD REGISTRATION"
\$40.00 for ONE Camper
\$75.00 – Two or More Family Campers

If Paid AFTER May 31
\$55.00 PER Camper

DUE TO COVID:

- **EACH CHILD SHOULD BRING THEIR OWN PERSONAL WATER BOTTLE.**
- **THE NUMBER OF CAMPERS IS LIMITED; THEREFORE REGISTRATIONS WILL NOT BE ACCEPTED AFTER JUNE 7, 2021.**

Registration Section for Adult Volunteers

Last Name: _____ First Name: _____

Address: _____

Phone/Cell Number: _____ Email Address: _____

Clearances Needed: PA Department of Public Welfare Child Abuse Clearance Check; PA State Police Criminal Record Check; Safe Environment; Protecting God's Children; Mandated Reporter

I have all the above clearances and they are up to date. I do not have all the above clearances and they are up to date....

Contact - Candy Savarese, Safe Environment Coordinator, Phone: [610-696-3624](tel:610-696-3624) E:Mail; csavaresesimonandjude.org

I would like to volunteer for the following assignment: Teacher Aide Kitchen Crafts Games

REGISTRATION FOR CAMPERS

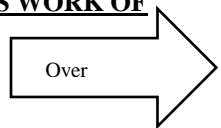
FAMILY LAST NAME: _____

Name	Allergies** Medical Needs: Use Additional paper if needed	Gender	*Counselor	Finishing Grade as of June 2021	Age
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

**(If there are no allergies or medical needs, please list "NONE")

*Welcome Youth Counselor entering 7th Grade or above complete the information in the space above. **THIS WORK OF MERCY CAN BE USED TOWARDS YOUR CONFIRMATION SERVICE PROJECT FOR 2021-2022.**

NO COST TO COUNSELORS.





Family Information: Parent / Guardian Name: _____

Address: _____

Street

City

State

Zip

Phone: _____ E-Mail: _____

Emergency Contact Info. Name: _____ Cell Phone: _____ E-Mail: _____

WAIVER AND AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR A MINOR CHILD

I, _____, state that I am the natural parent and/or have legal custody the following child (ren) _____ registered for Vacation Bible Camp and that the information provided is correct to the best of my knowledge and each child has my permission to engage in all activities, except if noted by me.

I understand the Archdiocese of Philadelphia, successors and assigns and its staff and employees, and SS. Simon and Jude Parish are not responsible for any accident or injury occurring to my child/ren while attending Vacation Bible Camp.

Please provide all medical information or conditions, along with current medication(s) our staff should be aware of, including Allergies or Health Issues. All medication must be given to the Camp Director and clearly labeled with the doctor's instructions.

In the event I cannot be reached in an emergency, I authorize the camp director or nurse to consent to any examination, anesthetic, x-ray, medical or surgical diagnosis and/or treatment, and/or hospital care to be rendered to this minor under the general conditions of special supervision and on the advice of any physician or surgeon licensed to practice medicine.

Health Insurance Company: _____

Policy/Group #: _____

Doctor's Name: _____

Phone: _____

Dentist's Name: _____

Phone: _____

Print Name of Parent/Legal Guardian

Home Phone: _____

Signature of Parent/Legal Guardian

____/____/____
Date

Cell Phone: _____

PHOTO RELEASE

I hereby GRANT DO NOT GRANT permission for the Archdiocese of Philadelphia, its successors and assigns and those acting with authority, and/or SS. Simon and Jude Parish, to use pictures of my child (ren) in printed materials or on-line communications, including the parish website or parish social-networking sites, for informational or promotional purposes.

Signature of Parent/Guardian

____/____/____
Date

Reserve my copy of the Rocky Railway CD \$7.00 X _____ = Total \$ _____

(PLEASE REVIEW THE ABOVE INFORMATION TO ENSURE ALL QUESTIONS ARE ANSWERED)

For Office Use Only

Registration Acknowledgment

Date Paid: ____/____/____

Check # _____

Amount Paid: \$ _____

Questions? Contact S. Barbara Jude at 610-692-3118 or email to sbarbarajude@simonandjude.org