



**ST. MATTHEW 2008 BIBLE ADVENTURE  
CAMP (VBS) REGISTRATION**

June 23-27 • Children ages Preschool\* thru Grade 5  
Preschool\* and Pre-K **9:00am - 11:45am**  
Kindergarten- Grade 5 **9:00am - 12:00pm**

\*\*Must have turned 3 by 12/1/2007



1<sup>st</sup> Child's Name: \_\_\_\_\_ Grade **Completed** \_\_\_\_\_ Birthdate \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

I request my child be placed with (friend/sibling name): \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_ Grade **Completed** \_\_\_\_\_ Birthdate \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

I request my child be placed with (friend/sibling name): \_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_ Grade **Completed** \_\_\_\_\_ Birthdate \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

I request my child be placed with (friend/sibling name): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_  
*(Provide if you'd like a confirmation)*

Home Church: \_\_\_\_\_  
If not St. Matthew, how did you hear about our Bible Adventure Camp? \_\_\_\_\_

In case of Emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

St. Matthew may photograph my child and publish the photo in press releases or grant applications.  **Yes**  **No**

I hereby direct the adult leaders to authorize required medical treatment in the event of an illness or injury. I agree to be financially responsible for such treatment. I also understand switching my child(ren)'s crew is not permitted once the camp has started for the safety of all the children attending.

\_\_\_\_\_  
(Parent/Guardian Signature) \_\_\_\_\_  
Date

\*\*\*\*\*  
**VBS Volunteers only** - names and ages of children requiring childcare: \_\_\_\_\_