



St. Bonaventure Summer Bible Camp

Maker Fun Factory

July 17-21, 2017

For Office Use Only:

Grade _____

Group _____

Payment _____

Cash _____ Credit _____

Check _____

Child's Name _____ Male Female

Child's Date of Birth _____ School: _____

Circle Grade of child in September 2017: PreK3 PreK4 K 1 2 3 4 5 6

Address _____ City _____ Zip _____

Primary Phone No. _____ Alternate Phone No. _____

Email Address (required) _____

Circle T-shirt Size: (T-shirts run a bit small, we encourage you to order a size larger)

Child Size: XS (Size 2-4) S (Size 6-8) M (Size 10-12) L (Size 14-16)
Adult Size: S (32-34) M (36-38) L (40-42) XL (42-44) XXL (44+)

I, as parent/grandparent, would be willing to help at Bible Camp: Name _____ Phone _____

Parent/Guardian Child resides with:

Name _____ Relationship _____ Phone No. _____

Name _____ Relationship _____ Phone No. _____

Special medical conditions, allergies: _____

Medications: _____

Emergency Contacts: (Your child will ONLY be released to the people listed or to you.)

Name _____ Relationship _____ Phone No. _____

Name _____ Relationship _____ Phone No. _____

Doctor's Name _____ Office Phone No. _____

Dentist's Name _____ Office Phone No. _____

Hospital you use: _____

Kaiser or Health Plan Name & Number _____

I/We authorize an adult, appointed by the Office of Faith Formation, in whose care the minor has been entrusted, to consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to the authorization.

I understand by sending my child to Bible Camp, I am giving St. Bonaventure Church the right and permission to take photographs and/ or video of my child(ren) during Bible Camp. I give St. Bonaventure Church permission to use these photographs and/or videos for church use.

Parent/Guardian Signature _____ Date _____



**Please Return Completed Form
with Registration Fees to:**

St. Bonaventure Office

**Registration Saturday:
Saturday May 13th, 2017
9am - 1pm in Classroom A-1**

**Registration Deadline:
May 31st, 2017**

**Pre-School Registration Fee:
\$65 per Student**

**Kinder - 6th Grade Registration Fee:
\$80 per Student**



Please - No refunds after May 31st

Have Questions?

Please feel free to contact Rosann Halick or Debbie Schnick

Rosann Halick
Phone: 925-672-5800 ext. 2204
email: rhalick@stbonaventure.net

Debbie Schnick
Phone: 925-672-5800 ext. 2207
email: dschnick@stbonaventure.net

