



**St. Bonaventure Summer Bible Camp**  
**Shipwrecked - Rescued by Jesus**  
**July 16-20, 2018**  
**Registration Form**

For Office Use Only:

Grade \_\_\_\_\_

Group \_\_\_\_\_

Payment \_\_\_\_\_

Cash \_\_\_\_\_ Credit \_\_\_\_\_

Check \_\_\_\_\_

Child's Name \_\_\_\_\_  Male  Female

Child's Date of Birth \_\_\_\_\_ School: \_\_\_\_\_

Check the box Grade of child in September 2018:  PreK3  PreK4  K  1  2  3  4  5  6

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone No. \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_

Email Address (required) \_\_\_\_\_

Check Box of 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 12th, 2018  
9am - 1pm in Classroom A-1**

**May 14th to May 31st  
Register in the church office**

**Registration Deadline:  
May 31st, 2018**

**Pre-School Registration Fee:  
\$70 per Student**

**Kinder - 6th Grade Registration Fee:  
\$85 per Student**

**Please - No refunds after May 31st**

**Have Questions?**

Please feel free to contact Eileen Limberg or Debbie Schnick

Eileen Limberg Phone: 925-672-5800 ext. 2217  
email: [elimberg@stbonaventure.net](mailto:elimberg@stbonaventure.net)

Debbie Schnick  
Phone: 925-672-5800 ext. 2207  
email: [dschnick@stbonaventure.net](mailto:dschnick@stbonaventure.net)