

2017 Vacation Bible Camp Registration Form - for Teens Entering Grades 7-12  
Please complete one form for each teen - the fee is \$25 for each teen



Teen's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in \_\_\_\_\_ Tee Shirt  
September: \_\_\_\_\_ Size: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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**Parent/Guardian Information**

Name: \_\_\_\_\_ Relationship to Teen: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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**Emergency Contact Information** (*other than above*)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Health Information**

Special Needs\*:    Yes        No

If yes, please explain: \_\_\_\_\_

\* for example: food allergies, health or behavior concerns such as asthma, diabetes, epilepsy, physical challenges, ADD, ADHD, etc

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**Releases:**

May we have permission to photograph your teen/pre-teen?    Yes        No

I understand my child will be given first aid in an emergency.

Parent Signature: \_\_\_\_\_

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**Medication Information**

Does your teen/pre-teen take prescription or non-prescription medications on a regular basis?

Yes        No

If yes, please state the medication and reason: \_\_\_\_\_

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**Adults Authorized to Pick Up Your Teen/Pre-Teen from Vacation Bible Camp:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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**Financial Concerns:**

Call Sr. Cora or Father Sorgie at 961-3643

Registration form(s) and payment should be brought or mailed to the  
Immaculate Conception Rectory: 53 Winter Hill Rd, Tuckahoe, NY 10707