



## JGS SUMMER SCRIPTURE CAMP 2011

**Camp date: July 11<sup>th</sup>-15<sup>th</sup>, 8:45 to 12 noon.**  
 Camp set up date is July 10<sup>th</sup> following 9:45 Mass.

<u>Office Use Only</u>
Payment _____
Check # _____
Date rec. _____
VBS Volunteer

Registration: \$40 per child & family/household maximum of \$100  
 Camp is for children ages Pre-Kindergarten (age 4 by 09/01/11)  
 through 6<sup>th</sup> grade in fall 2011 (7<sup>th</sup>-12<sup>th</sup> encouraged to volunteer)

Registration forms will be accepted until June 19<sup>th</sup> unless the program  
 becomes full prior to this date.

This camp is run by volunteers. Please consider joining our volunteer team.

**Volunteer registration form on reverse side.**

Child's name	Birthdate Mm/dd/yy	Grade in Fall 2011	T-shirt size	Allergies/special needs

T-shirt sizes distributed by grade level (unless otherwise noted): PK4-small(6-8), K-3-medium(10-12), 4-6 -large (14-16). Please note if child requires Adult Small.

Parent(s) Name and Address:

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone# \_\_\_\_\_

Alternate Pick Up Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone#: \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

Allergies: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

<p>Medical Release: I authorize the volunteer staff at JGS Scripture camp to administer medical attention to my child if necessary and only if unable to contact me.</p> <p>Parent Signature: _____</p> <p>Date: _____</p>	<p>Photo Release: I give JGS authorization to use my child's photo in publications or displays that communicate info regarding Scripture Camp to our community.</p> <p>Parent Signature: _____</p> <p>Date: _____</p>
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**Mail completed form with check made payable to JGS to:**

Jesus the Good Shepherd Church  
 1601 W. Mt. Harmony Road,  
 Owings, MD 20736

For further info, contact Carrie Halaus at [cchalaus@hotmail.com](mailto:cchalaus@hotmail.com)  
 or 410-703-4958.