

# Voyage of Wonder

Vacation Bible Camp at St. Paul & the Redeemer

- Ages 5-11
- Fee: \$20. Aid Gladly Provided!
- Meets at 4945 S. Dorchester Ave.
- For info, call Peter at 773-624-3185 or [pcl@sp-r.org](mailto:pcl@sp-r.org)
- Return form to Church Office

## Registration Form

Parent(s)/Guardian(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (Fall 10) \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (Fall 10) \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (Fall 10) \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (Fall 10) \_\_\_\_\_ Birthdate \_\_\_\_\_

Please list any allergies, medications, or learning issues:

### Parental Consent:

I give full permission for my child to attend Vacation Bible Camp sponsored by St. Paul & the Redeemer. I agree to hold the Diocese of Chicago and St. Paul & the Redeemer Church and any associated agencies and persons free of liability and waive any claims for payment for accident, injury, disability or damages to the person or property of the aforementioned child(ren) arising out of or connected with his/her participation in any activity related to Vacation Bible Camp 2010.

Parent/Guardian Signature: \_\_\_\_\_

I give permission for photos taken of my child(ren) to be used for church-related publicity. **Initials:** \_\_\_\_\_

I give permission to the leaders at SPR to secure emergency medical or surgical treatment for my child(ren) and to secure routine medical care as needed if I am not present and there is insufficient time to contact me.

**Initials:** \_\_\_\_\_