

# Our Lady of Guadalupe Parish



## Summer Bible Camp K-7th

August 6 - August 10, 2018 8:30 am - 12 pm

**REGISTRATION DEADLINE: June 30, 2018**  
(One form per child. Child must be 4-yrs of age by July 2018)

PLEASE PRINT: Form **MUST BE COMPLETED** to register your child.

Student: Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

School Attending in the Fall 2018 \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Valid email:** \_\_\_\_\_

**Tuition Includes:** Snacks, Book, T-Shirt, 1 CD per family: (CHECK WHICH APPLIES)

1st Child \$60.00 Each

additional Child (SAME FAMILY): \$50.00

After 3<sup>rd</sup> Child (\$180.00 total per family)

T- Shirt size:    S    M    L

**MAKE CHECKS PAYABLE TO OLOG Parish**– Please return forms and fees to:  
Faith Formation Office at 40374 Fremont Blvd., Fremont, CA 94538 510-651-4966

Amount Due: \_\_\_\_\_ Total Paid: \_\_\_\_\_ Total Due: \_\_\_\_\_ Credit \_\_\_ Cash \_\_\_ CK#: \_\_\_\_\_

**ALL PAYMENTS DUE BY JUNE 30, 2018**  
**(MUST COMPLETE OTHER SIDE)**

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## Faith Formation Office

### HEALTH AUTHORIZATION AND RELEASE FORM

Student's Name: \_\_\_\_\_

#### OTHERS AUTHORIZED TO PICK UP CHILD:

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

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

#### IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

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

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

#### HEALTH AND MEDICAL INFORMATION

Family Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Medical Plan: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Do you authorize the Director of Faith Formation or their authorized representative to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes \_\_\_  
No \_\_\_

State any reasons why you do not want medical care given to your child in an emergency: \_\_\_\_\_  
\_\_\_\_\_

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_  
\_\_\_\_\_

Has your child had difficulty with the following (circle all that apply):

Asthma Fainting Spells Convulsions Diabetes Heart Eyes Ears Nose Throat Lungs

Digestion Special needs Other: \_\_\_\_\_

List any physical restriction or restriction for any activity on the basis of medical condition: \_\_\_\_\_  
\_\_\_\_\_

Allergy or reaction to any **MEDICATION OR FOOD**? No \_\_\_ Yes: \_\_\_

List: \_\_\_\_\_

State the date of your child's last physical examination: \_\_\_\_\_

**I give consent for any pictures taken of my child's during VBS to be published for OLG purposes only.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_