



VBS St Matthew Lutheran Church Hosts Cross Roads Day Camp

Monday - Friday July 23-27 from 9am-3pm

Children entering grades K - 6

\$140 per child

(If more than one child only \$110 each)

Join us for an awesome week of action-packed camp fun! Kids will make cool crafts, engage in worship, sing fun songs, jump into Bible Study, and play zany games! All activities work together to form great friendships and strengthen campers' faith development.

The Cross Roads Camp Staff is certified in American Red Cross CPR and First Aid and receives extensive training to deliver a safe and action-packed camp program.

*Lunch and snacks are included. **Space is limited register early.***

Please submit full payment with the completed registration and health forms.

Checks payable to St Matthew Lutheran Church.

REGISTRATION ENDS MAY 1st

VBS Day Camp Registration Form

St Matthew Lutheran Church, 318 Chester AVE, Moorestown, NJ. 08057 (856)235-2055

Please submit one form for each child who will be attending along with a completed health form.

Camper's Name: _____ Date of Birth: _____

Parents' Names: _____ Grade Entering Fall 2018 _____

Mailing Address: _____

Home Phone: _____ Work/Cell Phone: _____

Siblings (names, ages): _____

Church affiliation: _____

My child has permission to participate in all aspects of the day camp program led by Cross Roads, except as noted. I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. I hereby give my permission to the medical personnel selected by the congregation to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray, or surgery for my child as named above, and to arrange for or provide necessary related transportation. I understand that my insurance has primary coverage and Cross Roads' insurance is secondary. I give my approval to photocopy this form for use out of camp. Further, I give permission for use of photos of my son/daughter to be used in camp promotion and St Matthew unless noted.

Parent Signature _____ Date _____