



Saint Matthew Lutheran Church

VBS Registration Form

M–F, July 23–27, from 9am–3pm for Children entering grades K - 6
Sponsored by Cross Roads Day Camp



Join us for an awesome week of action-packed camp fun! Kids will make crafts, engage in worship, sing fun songs, jump into Bible Study, and play 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 meaningful and action-packed camp program. Lunch and snacks are included. Submit full payment with the completed registration and health forms. Checks payable to St Matthew Lutheran Church.

Early registration discount until June 1st: \$90/child.
After June 1st \$110/child.

Student Information

CHILD'S NAME	GRADE COMPLETED	BIRTH DATE
SPECIAL NEEDS		
<input type="checkbox"/> DIFFICULTIES WITH FOCUS	<input type="checkbox"/> WOULD BENEFIT WITH AN ADULT "BUDDY" IN CLASS	<input type="checkbox"/> HAS TROUBLE READING
OTHER: FOOD ALLERGIES, PHYSICAL LIMITATIONS (EG., ASTHMA)		

Safety & Emergencies

NAME OF PARENT(S)	BEST PHONE #	
ADDRESS	EMAIL	
SIBLINGS (NAMES, AGES)		
CHURCH AFFILIATION		
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE	RELATIONSHIP TO CHILD

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 BY ST MATTHEW UNLESS NOTED.

SIGNATURE	DATE
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