



VACATION BIBLE CAMP 2017

JULY 17, 18, 19, 20

6:30PM - 8:30PM

At St. John, Deer Park

7121 Plainfield Road

For students entering grades 1 thru 6

in the Fall of 2017

\$25 per child includes Camp T-Shirt

Registration Deadline Friday, July 7, 2017

This event is co-sponsored by the Religious Education Office
of St. John the Evangelist Parish & St. Saviour Parish

Everyone is Welcome to attend!

Call Laura Davis at 513-791-3238

**2017 SUMMER CAMP REGISTRATION
SPONSORED BY ST. JOHN THE EVANGELIST & ST. SAVIOUR PARISH**

Please mail or drop off your completed Form and Payment to the address
listed at the bottom of this page.

Checks should be made out to St. John Church.

FAMILY NAME _____

CHILD ONE _____

AGE _____ T-SHIRT SIZE _____

CHILD TWO _____

AGE _____ T-SHIRT SIZE _____

CHILD THREE _____

AGE _____ T-SHIRT SIZE _____

_____ I am including the full registration fee of \$25.00 per child.

_____ I will be paying the registration fee in installments.

_____ I cannot afford to pay the full fee and need to speak to

someone. Please call me at _____

Parent Signature _____

Comments _____

Emergency Forms are included with this mailing and must be returned on the
first night of Camp, July 17th.

St. John the Evangelist Parish
Office of Religious Education
7121 Plainfield Road
Cincinnati, Ohio 45236
513-791-3238

St. John the Evangelist/St. Saviour Vacation Summer Camp Emergency & Illness Information

Student #1 Information

Student's Name _____ Grade _____ Date of Birth _____
Home Address _____ Zip _____ Phone _____

Health Information

Does your child have any health conditions or on medications we should be aware of?
Please include any information regarding ADHD/ADD. _____ Yes No

If YES please describe:

Student #2 Information

Student's Name _____ Grade _____ Date of Birth _____
Home Address (if different from above) _____ Zip _____ Phone _____

Health Information

Does your child have any health conditions or on medications we should be aware of?
Please include any information regarding ADHD/ADD. _____ Yes No

If YES please describe:

Student #3 Information

Student's Name _____ Grade _____ Date of Birth _____
Home Address (if different from above) _____ Zip _____ Phone _____

Health Information

Does your child have any health conditions or on medications we should be aware of?
Please include any information regarding ADHD/ADD. _____ Yes No

If YES please describe:

OVER