

St. John's Religious Ed Presents it's Summer Catholic Faith Camp (CFC)
 again with the **Dominican Sisters of Mary, Mother of the Eucharist:**
Our Holy Mother *with* **THE WEEK OF GRACES®: "The Holy Rosary"**
June 13th - June 17th 2016 (9am-noon in the school) **Registration is closed after June 10th**
Grades K-6 Cost: \$35 each child; Family max \$100
No monies will be accepted at the church office unless mailed in. Please put "Attention RE ~ CFC" on the envelope

Last Name Registered with Parish _____

Parish Envelope/Faith Direct # You Are Using: _____

<p>Parent 1: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____</p> <p>Last Name, First Name _____</p> <p>Address: _____</p> <p>City _____ State _____ Zip _____</p> <p>Phones: Home: _____ Work: _____</p> <p>Cell: _____ Other: _____</p> <p>Email: Home: _____ Work: _____</p> <p>Religious Affiliation: _____</p> <p>Marital Status _____ (Maiden Name) _____</p>	<p>Parent 2: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____</p> <p>Last Name, First Name _____</p> <p>Address: _____</p> <p>City _____ State _____ Zip _____</p> <p>Phones: Home: _____ Work: _____</p> <p>Cell: _____ Other: _____</p> <p>Email: Home: _____ Work: _____</p> <p>Religious Affiliation: _____</p> <p>Marital Status _____ (Maiden Name) _____</p>
<p>Child(ren) in residence with : <input type="checkbox"/> Father & Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Joint Custody <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other</p>	

EMERGENCY CONTACT INFORMATION

Please designate an emergency contact who is not a parent/legal guardian who has medical-consent and dismissal-release authority in the event of a medical emergency or unscheduled dismissal. The emergency contact will be called only in the event that the parent or legal guardians cannot be reached.

Emergency Contact Name _____ **Relationship (to child)** _____

Phones:
Home: _____ Work: _____ Cell: _____ Others: _____

Address: _____ City _____ State _____ Zip _____

Return this form with payment to: St. John the Evangelist Catholic Church, 271 Winchester St. Warrenton, VA 20186 ~ (540) 347-2922

For Office Use Only: Tuition due: \$ _____ Tuition Pd: \$ _____ Check # _____ Date Paid: ____/____/____

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Please enroll each individual child on a different numbered line. ***Child must be at least five years of age by June 10, 2016**

child	Student Name <i>(Last Name, if different)</i>	M/F	Birth Date (see *) M/D/Y	Academic Grade 2015-16	Year of Baptism	Year of Penance	Year of Eucharist	Last RE Grade	Allergies to Medicines, Foods, Other	Medical Conditions	Special Needs/ Medical Instructions
1											
2											
3											
4											
5											
6											

Medical Insurance Information: Company Name: _____ Policy #: _____ Insurance Company Phone: _____

Parent: I, _____, in consideration of the benefits derived, and in view of the fact that St. John the Evangelist Catholic Church is a religious institution, membership in which is voluntary, I hereby agree to the participation of my child (children) in the activity of religious education classes.

In the event I cannot be reached, I hereby grant permission for my son (s) and/or daughter (s) to be evaluated, diagnosed, treated and or medicated in accordance with the standard medical practice by licensed medical personnel. In the event that a medical emergency occurs with my child, I grant permission to a St. John the Evangelist leader to ensure emergency medical treatment for my child (children) if I cannot be contacted. I relieve St. John the Evangelist Parish, its agents and the Diocese of Arlington of all responsibility and consequences that may arise as a result of the emergency treatment or administration of minor medications. Furthermore, I agree to accept all responsibility as a result of scheduling such treatment.

My child/children agree(s) to abide by all the rules and regulations. I understand that St. John the Evangelist Parish, its agents, and the Diocese of Arlington will not be held liable if my child fails to cooperate with the rules and safety measures.

Parent / Guardian Signature: _____ **Date:** _____

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the RE Summer Catholic Faith Camp or for future advertisement of Parish RE programs. Photos may be used by our St. John the Evangelist Parish and the Dominican Sisters of Mary, Mother of the Eucharist. Any other use will require your further consent.

Parent / Guardian Signature: _____ **Date:** _____

➔ Please make checks payable to: **St. John's** Thank you!