

St. John's Religious Ed Presents it's Summer Catholic Faith Camp (CFC)
with the Dominican Sisters of Mary, Mother of the Eucharist



“THE WEEK OF GRACES ~ OPENING THE DOOR OF FAITH”

June 11th - June 15th 2018 (9am-noon in the school) **Registration is closed after June 8th**

For students in grades K-5 during 2017-2018 **Cost: \$35 each child; Family max \$100**

No registration forms will be accepted without payment. Please put "Attention RE ~ CFC" on the envelope

Last Name Registered with Parish _____

Parish Envelope/Faith Direct # You Are Using: _____

Parent 1: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____ Last Name, First Name _____ Address: _____ City _____ State _____ Zip _____ Phones: Home: _____ Work: _____ Cell: _____ Other: _____ Email: Home: _____ Work: _____ Religious Affiliation: _____ Marital Status _____ (Maiden Name) _____	Parent 2: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____ Last Name, First Name _____ Address: _____ City _____ State _____ Zip _____ Phones: Home: _____ Work: _____ Cell: _____ Other: _____ Email: Home: _____ Work: _____ Religious Affiliation: _____ Marital Status _____ (Maiden Name) _____
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	

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 9, 2018**

child	Student Name (Last Name, if different)	M/F	Birth Date (see *) M/D/Y	Academic Grade 2017-18	Year of Baptism	Year of Penance	Year of Eucharist	Last RE Grade	Allergies to Foods? (If so, please bring a daily snack for your child)	Medical Conditions Allergies to Medicines?	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 the Evangelist** Thank you!