



**St. Patrick Parish  
Catholic Kidz Camp  
THE VATICAN EXPRESS  
With St. Jerome  
June 4-8, 2012  
9AM—Noon**

Grades Pre-K – Jr. High

**COOL CRAFTS FUN GAMES UPBEAT MUSIC  
EXCITING ACTIVITIES CREATIVE SKITS  
BIBLE STORIES**



Return Registration  
to Church, School, or PSR.  
Registration closes at  
120 children or April 1, 2012.  
We will try to accommodate any preferences  
for classmates or teachers, but there will be  
NO class changes after May 10, 2012!

Contact Jen White  
332-9913 x242  
psroffice@stpatsch.org

Information available on parish website  
[www.stpatrickwentzville.org](http://www.stpatrickwentzville.org)

Parent Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Email Address \_\_\_\_\_

Can you volunteer to help (8<sup>th</sup> grade and up)? \_\_\_\_\_

**Please fill out emergency info on back!**

**Food Allergy Alert!**  
My Child – Name \_\_\_\_\_  
is allergic to \_\_\_\_\_

Child Name Last, First	Grade Fall 2012	Age	Birth Date	Please Mark T-Shirt Size (\$ 9.00 each) Child S - Child M - Child L - Adult S-M-L-XL



Registration fee per child.....@ 12.00 x \_\_\_\_ = \$ \_\_\_\_\_  
 Reserve my Kidz Camp T-Shirt..... @ 9.00 x \_\_\_\_ = \$ \_\_\_\_\_  
 Reserve my *Vatican Express* Music CD..... @ 7.00 x \_\_\_\_ = \$ \_\_\_\_\_  
 Reserve my *St. Jerome* Storybook..... @ 6.00 x \_\_\_\_ = \$ \_\_\_\_\_  
 I have enclosed a check in the amount of ..... TOTAL \$ \_\_\_\_\_

**Notes, Comments or Special Requests:**

**VBS Emergency Information:**

*In case of accident or serious illness, I request the PSR to contact me. If the VBS is unable to reach me, I hereby authorize the VBS to call the Physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the VBS may make the appropriate arrangements deemed necessary.*

**Parent/Guardian Signature**

\_\_\_\_\_ Date \_\_\_\_\_

Local Physician's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_ Exchange \_\_\_\_\_

Emergency Center/Hospital \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE NOTE THAT MY CHILD HAS SPECIAL MEDICAL NEEDS, ALLERGIES OR IS ON THESE MEDICATIONS:**

\_\_\_\_\_  
\_\_\_\_\_

Name two relatives or neighbors who will assume temporary care of your child if you cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**PUBLICATION RELEASE:**

**I hereby grant/do not grant permission (circle one) to be photographed or interviewed for publication.** I understand photographs or quotations may be reprinted for public dissemination. I release and relieve St. Patrick Parish and the Archdiocese of St. Louis for any responsibility or liability for any claims arising from the publication or reproduction of any photographs or interviews. I also understand that the photography or interview is being conducted with the knowledge and approval of St. Patrick Church.

**Parent/Guardian  
Signature** \_\_\_\_\_