

Catholic Kidz Camp

Parent's Names:	Grades Pre K-6 th Gra	amp Catholic Church Carshfield 7 29 8:00 AM-11:30AM	RETSURATIONS I SULL	
Address:				
City:				
	-mail:hone: (home) (work)			
Emergency Name & Phone Nu				
Parish:				
Camp Fee is	\$20 per child, maxim	um \$60 per family. Payable to	St. Johns.	
Child's name:		2022-2023 Grade:		
Child's name:		2022-2023 Grade:		
Child's name:		2022-2023 Grade:		
Child's name:		2022-2023 Grade:		
Total number of children attending		x \$20 =	\$	
		Total due:	\$	
YesNo St. John's has a	oproval to use my pho	otos on the web or bulletin.		
If there are any medical conce	5		•	
Parental Permission: I give my emergency, I authorize the app	child(ren) permissio			
Health insurance carrier:		Policy #:		
Parent Signature:		Date:		
Are you interested in helping	nt VBSYes	No		

If any questions please contact Heather Adler at 715-897-1941 or heather@gmail.com