

PAULIN MEMORIAL PRESBYTERIAN CHURCH  
VACATION BIBLE CAMP  
AUGUST 5-8, 9 AM -4 PM. GRADE 1 TO GRADE 8  
COST \$75 PER PERSON, \$200 FAMILY OF THREE OR MORE

Camper Name: \_\_\_\_\_

Birthday: (dd/mm/yy): \_\_\_\_\_

Sex: M\_\_ F\_\_ Grade in school in the Fall: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Work phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Parent/Guardian(s) name: \_\_\_\_\_

Home Church: (if Applicable) \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Emergency Contact if parent or guardian can not be reached:

Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Names of person(s) who may pick up your child:

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PLEASE LIST ANY MEDICATIONS NEEDED WHILE AT CAMP. ALL MEDICATION MUST BE TURNED IN TO A DESIGNATED CHURCH VOLUNTEER AND MUST BE IN THE ORIGINAL CONTAINER

ILLNESS/CONDITION	MEDICATION	DOSAGE	TIME OF DAY

Does the camper have any known allergies? YES/NO (if YES, please describe the reaction and treatment)

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To care for your camper to the best of our ability, we need to know of any other physical, emotional or behavioral concerns:

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Do we have your permission to use your child's photo on our Facebook page and worship services?

YES\_\_\_\_\_ NO\_\_\_\_\_

Parent/ Guardian's Signature:\_\_\_\_\_

Date:\_\_\_\_\_

Amount Paid:\_\_\_\_\_

Date:\_\_\_\_\_