

**Good Shepherd Catholic Parish**  
**Vacation Bible School 2020**  
**PRE-K through 2<sup>nd</sup> grade fall '20**

CAMPER'S NAME \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CAMPER'S BIRTHDATE \_\_\_\_\_ **GRADE ENROLLED FALL '20** \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ADDITIONAL CONTACTS (other than parent) IN CASE OF AN EMERGENCY (LIST IN ORDER OF PREFERENCE)

1. NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PLEASE DISCUSS ALLERGIES, MEDICAL PROBLEMS, AND/OR PHYSICAL LIMITATIONS OF THIS CAMPER:

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

IS CAMPER UNDER PHYSICIAN'S CARE AND/OR TAKING MEDICATION FOR CONDITIONS RELATED TO HIS/HER BEHAVIOR? \_\_\_\_\_

PLEASE DISCUSS CORRECTIVE ALTERNATIVE METHODS THAT HAVE BEEN THE MOST SUCCESSFUL WHEN HANDLING THIS CAMPER:

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

PLEASE SHARE ANY ADDITIONAL INFORMATION THAT YOU FEEL THE CAMP STAFF SHOULD KNOW ABOUT THIS CAMPER RELATING TO HIS/HER BEHAVIOR OR STATE OF MIND (EXAMPLES):

(FEARS, ABILITY TO SHARE, REACTION TO HUNGER AND/OR FATIGUE, OVERALL NATURE, ETC.)

CAMPER'S PHYSICIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CAMPER'S DENTIST \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**JUNE 8 TO JUNE 12 - 8:00 TO 12:00 - \$30 DEPOSIT DUE WITH REGISTRATION FORM - \$50 TOTAL**

**NOTE: PLEASE CONTACT FATHER ZACH ETIENNE ([ZETIENNE@EVDIO.ORG](mailto:ZETIENNE@EVDIO.ORG)) IF \$20 BALANCE DUE IS A FINANCIAL HARDSHIP FOR YOUR FAMILY**

# Good Shepherd Catholic Parish

## Vacation Bible School 2020

### PRE-K through 2<sup>nd</sup> grade fall '20

APPLICATION WILL BE DATED UPON ARRIVAL AND PROCESSED IN ORDER WITHIN EACH ENROLLMENT WINDOW. GOOD SHEPHERD SUMMER CAMP ENROLLMENT IS LIMITED TO 98 PRE-K THROUGH 6<sup>th</sup> GRADE CAMPERS PER SESSION.

THE CAMP OFFERS FOUR TWO-WEEK SESSIONS AND IS PRICED ACCORDINGLY. THE COST IS **\$230.00** FOR A FULL TIME TWO-WEEK SESSION. THERE WILL BE A \$15.00 DISCOUNT FOR A SECOND CHILD AND A \$20.00 DISCOUNT FOR A THIRD CHILD (FULL-TIME ONLY). THESE ARE THE RATES FOR SESSIONS I, II, AND III.

SESSION IV IS A TWO-WEEK CAMP AND THE RATE IS **\$230.00 PLUS optional \$50.00 IF WE SCHEDULE HOLIDAY WORLD.** DISCOUNTS WILL BE HONORED (FULL-TIME CAMPERS ONLY) SEE KEY DATES PAGE


A NON-REFUNDABLE DEPOSIT OF **\$30.00 PER CAMPER, PER WEEK** (\$60.00 PER CAMPER PER SESSION), IS REQUIRED ALONG WITH THIS APPLICATION. THIS DEPOSIT WILL BE APPLIED TO THE CAMP FEE.

**Registration Schedule:**

Window ONE: December 1, 2019 – May 15, 2020  
(Full-time camper sessions and one full week periods)

Window TWO: March 15, 2020 – May 15, 2020  
(Full time camper sessions, one full week period, or three days per week) – upon availability

<b>DATE RECEIVED</b> _____	<b>BY</b> _____	<b>FEE(S) RECEIVED \$</b> _____
<b>Enrollment Window: ONE</b> _____ <b>TWO</b> _____ <b>THREE</b> _____ (office use only)		

Sessions		Week 1 Cost / days	Week 2 Cost / days
		\$ /	\$ /
		\$ /	\$ /
Half Day Camp (June 08 – June 12 VBS) <small>(VBS = deposit \$30 + balance \$20, included with full day rates) PreK–2nd graders enrolled fall '20</small>	 ½ day	\$ /	\$ /
		\$ /	\$ /
		\$ /	\$ /
		\$ /	\$ NA /

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I GIVE MY PERMISSION FOR \_\_\_\_\_ TO ATTEND THE GOOD SHEPHERD SUMMER DAY CAMP. I CONSENT (IN CASE OF EMERGENCY) TO ANY NECESSARY EXAMS, ANESTHETIC, MEDICAL DIAGNOSIS, SURGERY, AND/OR HOSPITAL CARE TO BE RENDERED TO THE ABOVE NAMED MINOR UNDER THE ADVICE OF ANY PHYSICIAN OR SURGEON LICENSED TO PRACTICE IN THE STATE OF INDIANA. MY CONSENT IS VALID FOR THE PERIOD BEGINNING MAY 26, 2020 AND ENDING JULY 24, 2020. FURTHER, I PREFER TO HAVE THIS CHILD TRANSPORTED TO \_\_\_\_\_ (NAME OF MEDICAL FACILITY) FOR DIAGNOSIS AND/OR TREATMENT

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_