

CHURCH OF THE HOLY COMMUNION * 17405 Muirfield Drive * Dallas, TX 75287

VACATION CHURCH CAMP 2021 - ELEMENTARY GROUP

MONDAY, JUNE 14 through FRIDAY, JUNE 18 from 9 a.m. - 2:30 p.m.

FOR CHILDREN ENTERING KINDERGARTEN THRU THOSE ENTERING 6TH GRADE (No Exceptions)

ENROLLMENT FEE

\$50.00 for Church Members \$75.00 Non-Church Members

Includes: T-shirt, snacks, beverages, crafts

ENROLLMENT DATES: APRIL 11 – MAY 30 MUST ENROLL BEFORE MAY 30 TO GUARENTEE CAMP T-SHIRT

"Jonah and the Whale"

Drama, Songs, Worship, Baseball, Kickball, Playground, Snacks, Crafts, Story Time,
Scavenger Hunts, and "Water Day"

CLOTHING

Comfortable play clothes, sturdy shoes (**no sandals**), socks, Camp t-shirt, cap, sunscreen recommended and anti-bug spray if needed.

(Sunscreen and bug spray should be applied at home, church volunteers will not be able to do this during camp)

Please LABEL EVERYTHING with your child's name. BRING SANDWICH LUNCH and Labeled Water Bottle: Snacks provided

FOR MORE INFO: Contact Gennie Verbeck in church office 972-248-6505 gennie@holychurchdallas.org
or Father Kasey Gage, Youth Director at (214) 502-9682 or frkasey@holychurchdallas.org

RETURN THIS PORTION WITH ENROLLMENT FEE (checks payable to CHC / VCC)

IF YOU WOULD LIKE TO REGISTER ONLINE, PLEASE GO TO www.holychurchdallas.org AND CLICK ON THE APPROPRIATE LINKS.

KEEP UPPER PORTION FOR INFORMATION - REGISTRATION WILL NOT BE ACCEPTED WITHOUT PAYMENT!!!

This program is an outreach endeavor by parish volunteers and requires a great deal of planning to insure both fun and safety.

NAME _____ **DATE OF BIRTH** _____ **GRADE (NEXT FALL)** _____

PARENTS' NAMES _____ **ADDRESS** _____ **CITY/ZIP** _____

PHONES _____

PARENT'S E-MAIL ADDRESS _____

EMERGENCY CONTACTS _____

PHYSICIAN'S NAME & PHONE _____

T-SHIRT SIZE (Please circle) Child 6-8, 10-12, 14-16 or Adult S M L XL

Camp shirt must be worn every day

___ check here to order an **EXTRA T-SHIRT** and add \$10 to fee (if more than one, please note how many)

Special information we should know about your child (Physical Restrictions, Allergies, Medication, Behavioral Problems)

(Church employees and volunteers will not administer any medication during the camp. In case of emergency, we will call emergency contact)

Parental Agreement

I understand that every effort will be made to ensure the safety of my child, but recognize that activities always involve the risk of injury. My permission is given, relative to the above understanding and the effort to contact me immediately, for representatives of CHC to secure whatever medical treatment is deemed appropriate.

Date _____

Parent's Signature _____