

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

VACATION CHURCH CAMP 2021 COUNSELOR FORM

MONDAY, JUNE 14 through FRIDAY, JUNE 18

9 a.m. - 2:30 p.m. (Camp hours)

COUNSELOR PROGRAM: GRADES 7 - 12 (Training Required....June 12, 3:00pm followed by swim party)

8:00a.m. — 3:00pm (Counselor hours)

ENROLLMENT FEE—\$10.00 (COST OF T-SHIRT) YOU MUST ENROLL BEFORE MAY 30 TO INSURE THAT YOU HAVE A CAMP T-SHIRT

Write CHC/VCC on the check in the memo field. If you would like to register online, please go to www.holycommuniondallas.org and click on the appropriate links

“Jonah and the Whale”

Drama, Songs, Worship, Baseball, Playground, Snacks, Crafts, Competitions, Story Time, Scavenger Hunts

CLOTHING

Comfortable shorts (no short shorts) sturdy shoes (**no sandals**), socks, Camp t-shirt (must be worn every day), cap, sunscreen recommended and anti-bug spray if needed.

BRING SANDWICH LUNCH and LABELED WATER BOTTLE

Snacks provided

FOR MORE INFO:

Contact Gennie Verbeck in church office (972) 248-6505 or gennie@holycommuniondallas.org
or Father Kasey Gage, Youth Director (214) 502-9682 or frkasey@holycommuniondallas.org

RETURN THIS PORTION WITH T-SHIRT FEE / KEEP UPPER PORTION FOR INFORMATION

Check here to order an extra T-shirt (\$20 total if two shirts, etc.)

REGISTRATION WILL NOT BE ACCEPTED WITHOUT PAYMENT AND SIGNED CONTRACT!!!

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**

PHONE NUMBERS

PARENT'S E-MAIL ADDRESS

EMERGENCY CONTACTS

PHYSICIAN'S NAME & PHONE

CIRCLE T-SHIRT SIZE: S M L XL

SPECIAL INFORMATION WE SHOULD KNOW ABOUT YOU (Physical Restrictions, Allergies, Medication, Behavioral Problems)

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 _____