

**CAMP ASSUMPTION – 2011**  
**“SonSurf Beach Bash – It’s all about Jesus”**  
**Pre-School (4 yrs. old) to entering Grade 6**  
**Pre-School (3 yrs. old) attend the AELC VBS Veggie Tales Camp**

- DATES:** June 27- July 1, 2011
- TIME:** 8:45 AM to 12:00 PM
- ASSEMBLY:** Come to the Gym each day to drop off or pick up campers.  
Three (3) years old report directly to the Assumption Early Learning Center at 8:30
- COST:** **\$30 per child PLUS parent volunteer work for 3 hours per family.**  
(Not required for Summer ELC Parents or Summer Camp participants)
- THEME:** We are using the Liguori Publications Catholic Vacation Bible School Program called  
“SonSurf Beach Bash – It’s all About Jesus!”  
Jesus is the heart of our program at Assumption –  
As kids explore the wonders of the beach, they’ll discover  
the **Big Answers to their Big Questions about Jesus.**  
Five essential Bible verses—including John 14:6—help them  
understand who Jesus is and why they need Him.
- VOLUNTEERS:** **One parents** of every family (not summer ELC or Summer Camp) must give 3 hours of  
volunteer time, one 3 hour work session per family, as part of the registration fee.  
**Students entering 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> grade** are needed as group assistants.  
**High School students (10-12 graders), College Students and Adults** may work as group  
leaders.

**REGISTRATION Forms:** Available online at [www.assumptionstl.org/PSR](http://www.assumptionstl.org/PSR)

Registration forms are also available for pick up in the Parish Office, or the School Office.

Please return your completed VBS registration forms to the ELC , School Office, PSR or Parish Office  
in an envelope marked VBS /Camp Assumption. Completed forms may also be mailed to:

Donna Koppy

4725 Mattis Road

St. Louis, Mo. 63128

VBS registration forms include: the completed health information form, the volunteer form and payment of \$30.00.

All checks should be made payable to Assumption Parish.

**Completed Registration forms and payment must be received by June 1, 2011**

## PARENT WORK COMMITMENT FORM CAMP ASSUMPTION – 2011

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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

Email: \_\_\_\_\_

Please check the area(s) that you can serve to fulfill your family 3 hour minimal work commitment. An aunt, uncle, or grandparent can substitute for you. We will try to give you the area that you indicate but we can only use so many people per area or group.

\_\_\_\_\_ I will be a group leader all 5 days of Camp I prefer the following age  
Group: ( \_\_\_\_\_Preschool), ( \_\_\_\_\_Kindergarten), ( \_\_\_\_\_First), ( \_\_\_\_\_Second)  
( \_\_\_\_\_Third), ( \_\_\_\_\_Fourth), ( \_\_\_\_\_Fifth), ( \_\_\_\_\_Sixth)

\_\_\_\_\_ I will lead one of the activity centers. I prefer ( \_\_\_\_\_Outdoor Adventure),  
( \_\_\_\_\_Games Center), ( \_\_\_\_\_Snack Center), ( \_\_\_\_\_Craft Center), ( \_\_\_\_\_Music Center),  
( \_\_\_\_\_Mural Center).

\_\_\_\_\_ I will work before camp preparing the items for one center.

\_\_\_\_\_ I will set up the gym and camp areas on Sunday, June 26 at 2pm .

\_\_\_\_\_ I will take down and store the Camp items on Friday, July 1 at 12:30 PM.

\_\_\_\_\_ I will volunteer to help one or more days. Circle days (Monday, Tuesday,  
Wednesday, Thursday, Friday).

RETURN THIS FORM ATTACHED TO THE CAMPER REGISTRATION FORM.

**CAMPER REGISTRATION FORM**  
**PreK (4 yrs old) to entering Grade 6**  
**CAMP ASSUMPTION – 2011**

CAMPER NAME \_\_\_\_\_ Nickname \_\_\_\_\_  
GRADE IN SEPT. \_\_\_\_\_ AGE \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
PARENT(S)/GUARDIAN(S) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK OR CELL \_\_\_\_\_  
WITH WHOM DOES CHILD LIVE? \_\_\_\_\_  
WHO HAS LEGAL CUSTODY? \_\_\_\_\_  
WHO IS AUTHORIZED TO PICK UP CHILD? \_\_\_\_\_  
CONTACT INFO FOR AUTHORIZED PERSONS: \_\_\_\_\_

## HEALTH INFORMATION FORM CAMP ASSUMPTION – 2011

CAMPER NAME \_\_\_\_\_

In lieu of a standardized medical authorization form in order to provide medical emergency care according to your instructions, we need to know the following information. We can't administer or keep any medicines for any camper. Campers who must carry anti-allergic pens may do so, but we need to know that they have them and the conditions for use.

### FOOD ALLERGIES:

1. Please list any foods to which your child has an allergic reaction or write none known.

\_\_\_\_\_

2. Does your child have an allergic reaction to any type of animal dander, fur etc.? If so, please explain or write none known.

\_\_\_\_\_

3. Is your child required by her/his doctor to carry an anti-allergy pen?    YES    NO

4. If Yes, what are the conditions for use? \_\_\_\_\_

5. Does your child have any physical disability that restricts activity level? If so, please explain or write none known. This does not include the child's preference not be outdoors. This is for serious medical and health concerns.

\_\_\_\_\_

6. If we are unable to reach you and your child requires emergency medical treatment, which hospital would you prefer? \_\_\_\_\_

Please note that the ambulance may or may not take the child to the preferred hospital.

7. Who is your child's primary physician and phone number?

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date signed

**VOLUNTEER FORM FOR  
JUNIOR HIGH (ENTERING 7, 8, 9<sup>TH</sup> GRADES)  
CAMP ASSUMPTION – 2011**

Name \_\_\_\_\_ Grade in Sept. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

I would like to volunteer for one or more of the following. Please place a star in front of the choice that is # 1 with you. We will try to place you in your first choice, but we only need a certain number at each site.

\_\_\_ Assist Group Leader with a group of campers

Grades: ( \_\_\_ PreK, \_\_\_ K, \_\_\_ 1, \_\_\_ 2, \_\_\_ 3, \_\_\_ 4, \_\_\_ 5, \_\_\_ 6)

\_\_\_ Assist a Center leader ( \_\_\_ Craft, \_\_\_ Games Activity, \_\_\_ Outdoor Adventure, \_\_\_ Music,  
\_\_\_ Snack, \_\_\_ Mural)

\_\_\_ Help with Camp set up on Sunday, June 25 at 2 PM in the Gym.

\_\_\_ Help with Camp take down and put away on Friday, July 1 at 12:30 PM in the Gym.

\_\_\_ I will need a letter for my High School or Confirmation service programs.

\_\_\_ I have a form to be completed for High school or Confirmation service programs.

**VOLUNTEERS DO NOT PAY A CAMP FEE.**

**VOLUNTEER FORM FOR  
SENIOR HIGH (ENTERING 10, 11, 12<sup>th</sup> GRADES)  
CAMP ASSUMPTION – 2011**

Name \_\_\_\_\_ Grade in Sept. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

I would like to volunteer for one or more of the following. Please place a star in front of the choice that is # 1 with you. We will try to place you in your first choice, but we can only need a certain number.

\_\_\_ Group Leader with a group of campers

Grades: (\_\_\_ PreK, \_\_\_ K, \_\_\_ 1, \_\_\_ 2, \_\_\_ 3, \_\_\_ 4, \_\_\_ 5, \_\_\_ 6)

\_\_\_ Center leader: (\_\_\_ Craft, \_\_\_ Games Activity, \_\_\_ Outdoor Adventure, \_\_\_ Music, \_\_\_ Snack,  
\_\_\_ Mural)

\_\_\_ Serve on a Center committee with leader

(\_\_\_ Craft, \_\_\_ Games Activity, \_\_\_ Outdoor Adventure, \_\_\_ Music, \_\_\_ Snack, \_\_\_ Mural)

\_\_\_ Help with Camp set up on Sunday, June 26 at 2 PM in the Gym.

\_\_\_ Help with Camp take down and storing on Friday, July 1 at 12:30 PM in the Gym.

\_\_\_ I will need a letter for my High School service program.

\_\_\_ I will have a form to be completed for High school program.

**VOLUNTEERS DO NOT PAY A CAMP FEE.**

## ADULT AND COLLEGE AGE VOLUNTEER FORM CAMP ASSUMPTION - 2011

**All volunteers must be in compliance with the Archdiocese of St. Louis Child Safety Program policy and completed the Protecting God's Children program.**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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

Email: \_\_\_\_\_

Please check the area(s) that you will volunteer:

\_\_\_\_\_ I will be a group leader all 5 days of Camp. I prefer the following age Group: ( \_\_\_\_\_Preschool), ( \_\_\_\_\_Kindergarten), ( \_\_\_\_\_First), ( \_\_\_\_\_Second) ( \_\_\_\_\_Third), ( \_\_\_\_\_Fourth), ( \_\_\_\_\_Fifth), ( \_\_\_\_\_Sixth)

\_\_\_\_\_ I will lead one of the activity centers. I prefer ( \_\_\_\_\_Outdoor Adventure), ( \_\_\_\_\_Games Center), ( \_\_\_\_\_Snack Center), ( \_\_\_\_\_Craft Center), ( \_\_\_\_\_Music Center), ( \_\_\_\_\_Mural Center).

\_\_\_\_\_ I will work before camp preparing the items for one center: Circle which center: Outdoor Adventure, Snack, Games Activity, Craft Center, Bible Story, or Music Center.

\_\_\_\_\_ I will set up the gym and camp areas on Sunday, June 26 at 2 PM.

\_\_\_\_\_ I will take down and store the Camp items on Friday, July 1 at 12:30 PM.

\_\_\_\_\_ I will volunteer to help one or more days. Circle days (Monday, Tuesday, Wednesday, Thursday, Friday).

I certify that I have successfully completed the Protecting God's Children program and am registered in that program.

\_\_\_\_\_  
Signature

RETURN THIS FORM to School, PSR, AELC or Parish Office. ATTENTION: Camp Assumption

