



St. Thomas the Apostle Church

August 13-17, 2018

This camp is FREE.

Please return this form by **August 1, 2018** to St. Thomas the Apostle,
Office of Faith Formation, 733 Oxford Road, Oxford CT 06478

Family contact info:

Parent(s) name(s): _____

Street _____ City/Zip _____

Home phone: _____ Mobile phone: _____

Email address (required): _____

CAMPERS in Kindergarten – 5th grade as of June 1 are welcome to join us!

Full Name: _____ Birthdate: _____

Grade level as of June 1, 2018 _____

Full Name: _____ Birthdate: _____

Grade level as of June 1, 2018 _____

Full Name: _____ Birthdate: _____

Grade level as of June 1, 2018 _____

Please list allergies or special needs of campers (with names):

Emergency contact info (must be reachable during camp hours, 9am-Noon):

1. Name: _____ Phone: _____

Who is picking up your child(ren)?

Name: _____ Phone: _____

Relationship to child(ren): _____

Can you volunteer?

If **yes**, circle one or more:

Monday Tuesday Wednesday Thursday Friday

Please initial: _____

I/We understand that I, my child(ren) and other family members may be photographed and may appear in, but not limited to, the St. Thomas website, bulletin or other parish outlet; Archdiocesan outlets; local newspapers or TV stations.

Date: _____ Date received in Parish Office _____ initials _____