



Catholic Kidz Camp

St. John the Baptist Catholic Church 201 W. Blodgett—Marshfield

Mon-Fri. June 23rd-27th 8:00 AM-11:30 AM

Grades 4K-5th Grade

Parents' Names: _____

Address: _____

City: _____ Zip code: _____ Cell: _____

E-mail: _____

Phone: (home) _____ (work) _____

Emergency Name & Phone Number _____

Parish: _____

Camp Fee is \$25 per child, maximum \$75 per family. Payable to St. Johns. Please mail or drop off your form and payment at the St. John's Rectory located at 201 W. Blodgett St. in Marshfield.

Child's name: _____ 2025-2026 Grade: _____

Child's name: _____ 2025-2026 Grade: _____

Child's name: _____ 2025-2026 Grade: _____

Child's name: _____ 2025-2026 Grade: _____

Total number of children attending: _____ x \$25 = \$ _____

Total due: \$ _____

☐ Yes ☐ No St. John's has approval to use my photos on the web or bulletin.

If there are any medical concerns, food allergies, or special needs your child(ren) have please list below.

Parental Permission: I give my child(ren) permission to attend Catholic VBS. In the event of a medical emergency, I authorize the appropriate medical treatment.

Health insurance carrier: _____ Policy #: _____

Parent Signature: _____ Date: _____

Are you interested in helping at VBS ☐ Yes ☐ No

If any questions please contact Alyssia [Krieg--krieg.alyssia@columbusdons.org](mailto:krieg-alyssia@columbusdons.org) or 715-591-1440