



St. Hedwig VBS (Bible Camp)

CAMPER REGISTRATION FORM

(Grades 1 - 5)



St. Hedwig Church is located at: 11482 Los Alamitos Blvd., Los Alamitos, CA

Dates: June 22 - June 26, 2026

Monday -Thursday 8:30am- 12:00pm

Friday 8:30am- 12:30pm (Family prayer service 11:40am)

Theme: Rainforest Falls- Exploring the Nature of God

- This is a Totally Catholic VBS (Vacation Bible School) as campers will learn about a Saint of the Day and Catholic specific content.
- Children will learn how to explore the Nature of God through fun interactive stations like Bible adventures, Imagination Station, Glacier games and music.
- Camp T-shirts are to be worn each day at camp for identification purposes.

Registration: Registration: Sunday, April 26th, from 9am to 3pm.

- This is ONE DAY and IN PERSON only registration day on **April 26th from 9am - 3pm.**
- Registration forms can be found in the church vestibule or on our church website under Bible Camp **after Easter Sunday.**

Fees:

- **\$50.00 per Camper;** 1st-5th grade students in the Fall of 2026
- *NOTE: We will only take Kindergarten age children if their parent or grandparent is volunteering the week of Bible Camp.*
- *Additional T-shirts are available for purchase at **\$10.00** per T-shirt.*

Donation Wall: Church Vestibule from April 19th to April 26th.

For anyone desiring to donate.

- Please take an item from the donation wall and return it to the container in the church or the Faith Formation office by April 30th.

For additional information, please contact us at the **Office of Faith Formation at 562-296-9023** or via email at faithformation@sainthedwig.org



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(Make checks payable to St. Hedwig Church)

PARENT / GUARDIAN INFORMATION

 Mother's or Guardian's Name

 Cell Phone

 Father's or Guardian's Name

 Cell Phone

 Home Address

 City

 State & Zip

 Email Address (Please Provide for VBS Communications)

CAMPER INFORMATION

	Camper 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Camper 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Camper 3 <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:			
School: (as of Sept. 2026)			
Grade: (as of Sept. 2026)			
Allergies:			
Special or Medical Concerns:			
Youth Size Shirt: (circle one)	S M L XL	S M L XL	S M L XL

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OFFICE USE ONLY:

Date Rec'd: _____ Cash/Ck#: _____ Amt Pd.: \$ _____ T-Shirt(s) Rec'd: _____

EMERGENCY INFORMATION AND RELEASE FORM
FOR VBS/BIBLE CAMP 2026
MINOR (under 18) CHILD/YOUTH
St. Hedwig Catholic Church - Bible Camp - Diocese of Orange

Child's Name

Date of Birth

List all other medical information/special needs for this child; (Please write "none" if there are none):

Child's Name

Date of Birth

List all other medical information/special needs for this child; (Please write "none" if there are none):

Child's Name

Date of Birth

List all other medical information/special needs for this child; (Please write "none" if there are none):

INSURANCE INFORMATION

Health Insurance Co.

Policy No.

Name(s) of Parent/Guardian with whom child(ren) resides:

List any special family concerns or custody issues:

EMERGENCY CONTACT (to whom the child(ren) may be released, other than parent/guardian)

Name

Relation

Cell#

I, the parent/guardian of the above-named child, hereby give permission for his/her participation in activities sponsored by Office of Faith Formation of St. Hedwig Church. I agree to direct my son/daughter to cooperate and conform to directions and instructions from all persons responsible for these activities. As a condition of my son/daughter being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, employees, and volunteers from any and all claims for personal injury or property damage that he/she may suffer as a result of his/her participation.

I hereby authorize the making of photographs, audio/video recordings, or other memorializing of said events and my son/daughter's participation therein, and the publication and duplication or other use thereof. I hereby waive any right to compensation or any other rights that otherwise I might have to limit or to control such making or use.

I hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental, or other appropriate treatment necessary in case of an emergency.

Parent or Guardian Signature

Date

This authorization shall remain effective until July 30, 2026