



ST. MADELEINE SOPHIE

4400 130th Pl. SE, Bellevue, WA 98006
425-747-6770, ext. 125

VACATION BIBLE CAMP

July 12—16, 2010
9:00 a.m.—Noon
\$45.00 per child

REGISTRATION FORM

(one per child)

FOR CHILDREN 4 YEARS OLD
THROUGH INCOMING 6TH GRADERS

Child's Name: _____ M/F (circle one)

Mother's Name: _____

Father's Name: _____

Street address: _____

City: _____ St: _____ Zip: _____

Home telephone: _____

E-mail: (required for communication) _____

Date of birth: _____ Age: _____

Grade child will attend in fall: _____

School attending: _____

In case of emergency, contact: _____

Mother (cell): _____

Father (cell): _____

Allergies or other medical conditions: _____

Parish or other church: _____

Person(s) permitted to pick up your child: _____

Can you volunteer at VBC?: (childcare provided) _____

Parent Signature: _____ Date: _____

(Payment will secure placement of the first 100 campers)
Submit to the parish office to the attention of Maggie Rader