



ST. MADELEINE SOPHIE

4400 130th Pl. SE, Bellevue, WA 98006

425-747-6770, ext. 125

Attn: Maggie Rader

\$45.00 per child

Vacation Bible Camp Registration form

For children 4 years old
through kids entering 6th grade.

July 18—22, 2011
9:00 a.m.—12:00 p.m.

1. Child's Name: _____ M / F Age: _____

Date of Birth: _____ Grade in Fall: _____ School: _____

Allergies or other medical conditions: _____

2. Child's Name: _____ M / F Age: _____

Date of Birth: _____ Grade in Fall: _____ School: _____

Allergies or other medical conditions: _____

3. Child's Name: _____ M / F Age: _____

Date of Birth: _____ Grade in Fall: _____ School: _____

Allergies or other medical conditions: _____

Mother's Name: _____

Father's Name: _____

Street address: _____

City: _____ St: _____ Zip: _____

Home telephone: _____

Mother (cell): _____

Father (cell): _____

E-mail: (required for communication) _____

In case of emergency, a parent will be called first. Provide an alternate contact if
parent cannot be reached: _____ Phone: _____

Parish or other church: _____

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

Would you like to hear about volunteer opportunities at VBC?: Y _____ N _____

(childcare provided for volunteers)

Parent Signature: _____ Date: _____

(Payment will secure placement of the first 100 campers)

An emergency medical form must also be completed. If your child has been in Kids' Church or
Wednesday Assemblies at St. Madeleine Sophie in the 2010-2011 year, we already have your form on file.