



# ST. MADELEINE SOPHIE VACATION BIBLE CAMP

## Crocodyle Dock Registration Form

July 13—17, 2009  
9:00 a.m.—Noon  
\$45.00 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: \_\_\_\_\_

Last school grade completed: \_\_\_\_\_

School attended: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Crocodyle Dock Crew number (for parish use only): \_\_\_\_\_

Can you volunteer at VBC?: (childcare provided) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Payment will secure placement of the first 100 campers)