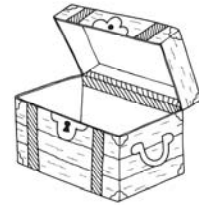




# Bede Kids VACATION BIBLE CAMP

July 30-August 3, 9am-12noon  
Registration Form



*We're looking for God's Love on Son Treasure Island!*

Family last name: \_\_\_\_\_

Child's Name : \_\_\_\_\_ M or F Birth date: \_\_\_\_\_ Grade Fall '07 \_\_\_\_\_

Child's Name : \_\_\_\_\_ M or F Birth date: \_\_\_\_\_ Grade Fall '07 \_\_\_\_\_

Child's Name: \_\_\_\_\_ M or F Birth date: \_\_\_\_\_ Grade Fall '07 \_\_\_\_\_

Child's Name: \_\_\_\_\_ M or F Birth date: \_\_\_\_\_ Grade Fall '07 \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Family e-mail: \_\_\_\_\_ @ \_\_\_\_\_

*Father's Information*

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work phone #: \_\_\_\_\_

Okay to call work for non-emergency?  Yes  No

Cell phone #: \_\_\_\_\_

Marital Status: \_\_\_\_\_

*Mother's Information*

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work phone #: \_\_\_\_\_

Okay to call work for non-emergency?  Yes  No

Cell phone #: \_\_\_\_\_

Marital Status: \_\_\_\_\_

In case of an emergency, if you are unable to reach me, please contact:  
(Name) \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_



Please fill out emergency form on reverse side

**Fees: \$50 for first child  
\$25 for each additional sibling**

Please make checks payable to St. Bede PREP and send completed form with fee to:

St. Bede PREP— VBC  
215 Foothill Boulevard  
La Cañada, CA 91011

Call: (818) 949-4323 with questions

