

**Bede Kids**  
**Vacation Bible Camp**  
 July 27-31, 2009 9am-12noon

**Registration Form**

For children entering Kindergarten-5th Grade

*Growing in God's Garden!*

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

Child's Name : \_\_\_\_\_ M or F Birth date: \_\_\_\_\_ Grade Fall '09 \_\_\_\_\_ Shirt \_\_\_\_\_

Child's Name : \_\_\_\_\_ M or F Birth date: \_\_\_\_\_ Grade Fall '09 \_\_\_\_\_ Shirt \_\_\_\_\_

Childs' Name: \_\_\_\_\_ M or F Birth date: \_\_\_\_\_ Grade Fall '09 \_\_\_\_\_ Shirt \_\_\_\_\_

Child's Name: \_\_\_\_\_ M or F Birth date: \_\_\_\_\_ Grade Fall '09 \_\_\_\_\_ Shirt \_\_\_\_\_

(Shirt sizes are child's XS, S, M or L)

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

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

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

Father's Information

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

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

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

Mother's Information

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

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

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

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

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

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

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

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

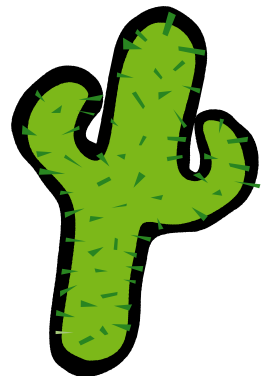
Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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) 949-4325 with questions