

Welcome!



Our Vacation Bible School will begin July 31st and run through August 4th. Please have your child/children at the *quadrangle* of the School - NOT the parking lot at 9:00 each morning. Pick-up will be at 12:00 noon at the same place. Dress is casual play clothes but we request (for safety reasons) NO FLIP-FLOPS - please.

We ask that each family bring a package of cookies and a 64 oz. can of juice on the first day. This will help us supply snacks for the children during the Bible School. If your child has any special dietary needs, please supply their snacks each day.

We thank you for your cooperation and look forward to an enjoyable Bible School session with your child/children.

**Vacation Bible School
Lorraine Bernitt
962-7278**

VACATION BIBLE SCHOOL



CHILDREN AGES 4 TO 11

July 31st Through August 4th.

9:00 A.M. to 12:00 Noon

\$60 Per Child

This summer we will once again be offering a VACATION BIBLE SCHOOL for children ages 4 to 11. The program will introduce the children to Biblical themes and Catholic prayer, as well as lead them through group activities such as arts/crafts and sing-a-longs.

The program needs the participation of our children and the generous donation of time and talent of adults. If you are a parent interested in enrolling your child or if you are an adult or teen wishing to donate your time, please complete one – or both – of the forms on the reverse side of this letter and return it to the Rectory with your check no later than July 24th. Please make your check out to St. Patrick's Church with "Bible Camp" on the memo line. If your child would like to be assigned to a class with other friends, please note same on the registration form.

**LATE REGISTRATIONS WILL BE ACCEPTED
AS SPACE ALLOWS.**

Teens might be interested to know that volunteering in this program qualifies them for Confirmation and High School service hours.

For more information, please call Lorraine Bernitt at 962-7278.

VACATION BIBLE SCHOOL

I would like to enroll my child/children in the Vacation Bible School.

PARENT'S NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL: _____

EMERGENCY CONTACT PERSON: _____ **WORK PHONE:** _____

| NAME OF CHILD | AGE | GRADE IN SEPTEMBER |
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NOTES: (PLEASE INCLUDE ANY SPECIAL NEEDS, i.e., ALLERGIES, ETC). WE DO NOT HAVE ACCESS TO ST. PATRICK'S SCHOOL OR CCD MEDICAL RECORDS.

I would like to donate my time/talent to assist the Vacation Bible School.

NAME: _____ **PHONE:** _____

ADDRESS: _____

Adult Teen - Age _____ (for service hours, teens must volunteer for the full week)

Particular interest (music, arts/crafts, nurse, etc.):
