

St. Joseph Catholic Community Vacation Bible School



MARVELOUS MYSTERY
The Mass Comes Alive

When: Monday, June 25th-Thursdays, June 28th

9:00am-12:00pm

Where: St. Joseph Catholic School

Ages: 4yr (toilet trained)-5th grade for 2017-2018 School year

Cost: \$25 per student (For scholarship information, contact Julie)

Contact: Julie Loscheider 952-442-3703/jloscheider@stjosephwaconia.org

Our theme this year will foster a new appreciation for the Mass and a deeper love for Jesus present in the Eucharist. Kids will discover more about the Mass through great faith lessons, music, games, crafts, snacks and more! They will crack the case on how the Mass is MYSTERY, GIFT and CELEBRATION!!

DEADLINE-Friday, June 1st

Turn in Registration form and payment to School/Parish Office or in 24/7 drop box located in between St. Joseph School main doors facing church. Make payments out to St. Joseph.

Child Information:

Child's Name: _____ Primary Phone _____

E-Mail Address: _____

Mother's Name: _____ Wrk #: _____ Cell #: _____

Father's Name: _____ Wrk #: _____ Cell#: _____

Birthdate: _____ Age _____ Grade in 16-17: _____

Allergies (Please List): _____

Special Needs/Requests (Please List) _____

Many adult volunteers are needed for us to have a Summer Camp Program.

Please indicate if you are willing to help (be a leader? Prepare crafts/snack? Monitor rooms? Other?)

Name: _____ **Contact Info:** _____

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I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have any reason, arising during my child's attendance of the VBS. Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

Parent / Guardian Signature: _____

Date: _____

Office Use Only:

Payment Type: Check #: _____ Cash: _____

Credit Card # _____ exp date _____ csv _____

Total Amount: _____

Address: 41 East First Street Waconia, MN 55387

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