

# St. Rita Vacation Bible School

## August 7-11, 2017



Join us for a week of activities this summer where we will make new friends, serve our neighbors, and learn about Jesus!

### Schedule

**9:00-12:00 Morning Session**  
(Monday-Friday)

**12:15-12:45 Lunch**  
(bring your own)

**1:00-3:30 Afternoon Session**  
(Optional; Mon-Fri)

**Morning Sessions** will be held from 9 am to 12 pm, Monday through Friday. Children 4 years old and up may attend by themselves. (Younger children may attend with a parent or older sibling.) Small groups will travel to activity stations, run by volunteers ages 11 and up.\*

Optional **Afternoon Sessions** are also available for children attending morning sessions. Please indicate an exact pick up time when children are dropped off.

Children who are attending both morning and afternoon sessions should *bring a lunch*.

\*Have a child entering 6<sup>th</sup> through 12<sup>th</sup> grade? Sign him or her up to volunteer! **Adult help needed, too!** Teen volunteers must be available for at least three days and attend a 3-hour workshop in July. See more information online at [stritawebster.org/vacationbibleschool](http://stritawebster.org/vacationbibleschool)

To register your family, please complete this form (both sides) and return to the Parish Office. There is a \$10 fee per child or a \$25 family rate (up to 4 children), payable online or by check (made out to St. Rita Church). Additional donations will be accepted for afternoon sessions.

### **Family Information** (Please complete all fields.)

Last Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell

Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>CHILD 1</b>	Name: _____ Date of Birth: ____-____-____ Grade entering in '17 _____
	Gender: M / F Allergies: _____
	This child will be attending (check all that apply): <b>Monday</b> <b>Tuesday</b> <b>Wednesday</b> <b>Thursday</b> <b>Friday</b>
	<b>Morning Sessions</b> (9 am – 12 pm) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Afternoon Sessions</b> (1:00-3:30 pm) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Friend/sibling request: _____	

<b>CHILD 2</b>	Name: _____ Date of Birth: ____-____-____ Grade entering in '17 _____
	Gender: M / F Allergies: _____
	This child will be attending (check all that apply): <b>Monday</b> <b>Tuesday</b> <b>Wednesday</b> <b>Thursday</b> <b>Friday</b>
	<b>Morning Sessions</b> (9 am – 12 pm) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Afternoon Sessions</b> (1:00-3:30 pm) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Friend/sibling request: _____	

<b>CHILD 3</b>	Name: _____ Date of Birth: ____-____-____ Grade entering in '17 _____
	Gender: M / F Allergies: _____
	This child will be attending (check all that apply): <b>Monday</b> <b>Tuesday</b> <b>Wednesday</b> <b>Thursday</b> <b>Friday</b>
	<b>Morning Sessions</b> (9 am – 12 pm) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Afternoon Sessions</b> (1:00-3:30 pm) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Friend/sibling request: _____	

<b>CHILD 4</b>	Name: _____ Date of Birth: ____-____-____ Grade entering in '17 _____
	Gender: M / F Allergies: _____
	This child will be attending (check all that apply): <b>Monday</b> <b>Tuesday</b> <b>Wednesday</b> <b>Thursday</b> <b>Friday</b>
	<b>Morning Sessions</b> (9 am – 12 pm) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Afternoon Sessions</b> (1:00-3:30 pm) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Friend/sibling request: _____	

<b>VOLUNTEER</b>	Name: _____ Date of Birth: ____-____-____ Grade entering in '17 _____
	Gender: M / F Allergies: _____
	This volunteer will be available (check all that apply): <b>Monday</b> <b>Tuesday</b> <b>Wednesday</b> <b>Thursday</b> <b>Friday</b>
	<b>Morning Sessions</b> (9 am – 12 pm) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Afternoon Sessions</b> (1:00-3:30 pm) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Please write #1-3 next to your top choices of areas to help out in:</b>	
___Small group leader ___Music ___Games ___Crafts ___Skit ___Bible stories	
___Preparation ___Service ___Babysitting ___Other _____	