



Hello from St. Peter the Apostle Vacation Bible School Team!

We are so excited this year to offer Cat.Chat Vacation Bible School: Radical Ride on the Wings of Prayer.

During this themed VBS, the kids will buckle up as we prepare to soar with inspiring and practical lessons about prayer and the world with Amazing Angels and Super Saints!

Dates/Time/Location: Monday, July 8 - Friday, July 12 / 9:00 am - 12: 30 pm / Margaret Woods Hall.

Drop off at 8:45 am: We ask that a parent or guardian sign children in each day for those in second grade or younger. Sign-in tables will be in the main entry. It is important that your child arrives on time so that the program begins on schedule.

What to bring: Water bottle. Snacks will be provided each day.

Pick-up at 12:30 pm: We ask that when you pick your child up, sign them out at the sign-out tables. Remember to take home your child's craft, any other take-home items and parent handouts.

Payments: VBS payments need to be paid on or before Thursday, June 20, to make sure there are enough materials for each child. Make checks payable to St. Peter the Apostle or pay online using [GiveCentral](#). The cost is \$40/child and includes a T-shirt. Please note: *T-shirts are not guaranteed if registration is received after June 20.*

T-shirts: T-shirts will be distributed on the first day of VBS.

What to wear: Please have your child wear their t-shirt each day. Children should wear running shoes. A hat and sunscreen are suggested (applied before they come) as we will be spending time outside.

On the last day of the VBS, Friday, July 12, we will be having a special celebration ending with our traditional water fight. More details will be available the week of VBS.

May God bless you and your family,

Toni Pietrowski, Director of VBS
St. Peter the Apostle Vacation Bible School Team



Child Registration Form

Dates / Location: Monday, July 8 - Friday, July 12, 2024 / St. Peter the Apostle, Itasca

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Child's Information:

Name: _____

Gender: M F Age: _____ Grade completed: _____

T-shirt size (check one) - CHILD sizes: XS S M L / ADULT sizes: S M L XL

Allergies or medical conditions: _____

Health Insurance # (if applicable): _____

Family Information:

Parent/Guardian Name: _____

Address: _____

Email: _____

Phone Numbers:

Home: _____ Cell: _____

Emergency Contact:

Name: _____ Phone: _____

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 I or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this diocese, parish, and Cat.Chat Productions Inc., from all manners of actions, claims which I or the child named above shall or may have for 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 VBS programs. Any other use will require your further consent.

Parent / Guardian Signature

Date



Return completed Registration Form by June 20, 2024