

St. Patrick's Parish Presents Summer

# Vacation Bible



**June 17 – 21, 2024**

**9 am – Noon**

St. Patrick's Church Campus  
820 Main Street, Angels Camp, CA

(drop off at Parish Office or mail registration forms to P.O. Box 576, Angels Camp, CA 95222)

- For children entering Kindergarten in the Fall through children starting 5<sup>th</sup> Grade
- 6<sup>th</sup> graders and above are encouraged to participate as young leaders
- The fee is \$30 per child or maximum of \$55 per family
- Please fill out a separate Participant Registration Form for each child
- 6<sup>th</sup> graders and above, teens, and adults: We joyfully welcome your talents and service in making this the best VBS ever! Please fill out a separate VBS Volunteer Form for each helper / leader (no fees for volunteers).

All children will receive a VBS t-shirt but guaranteed to those on the 1<sup>st</sup> day if registration form is received by June 5th, 2024



Dear Parents,

Hello from St. Patrick's Catholic Church 2024 Vacation Bible School Team!

We are so excited to have your child participate in this year's Cat.Chat Vacation Bible School: **Marvelous Mystery: The Mass Comes Alive!** During this mystery-themed VBS, the kids will be exploring the Mass and deepening their love for Jesus in the Eucharist.

We want this to be a whole family experience and you are invited to attend any of our VBS days.

**Start date:** We begin on Monday, June 17 at 8:45 a.m. at the Hall in Angels Camp.

**Drop off 8:45 a.m:** We ask that a parent or guardian sign your child in each day at the sign-in tables located in the main entry of the hall. Take your child to their assigned group leader. Please do not leave until their group leader arrives. Please arrive on time so we can begin our program on schedule!

**Pick-up 12:00:** We ask that when you pick your child up, you let the group leader know and sign them out at the sign-out tables. Remember to take home your child's craft, any other take home items and any parent handouts.

**Payments:** VBS payments are due on or before Wednesday, June 5, 2024. Church Office hours are Monday – Thursday, 9:00 a.m. – 2:00 p.m. The cost is \$30 per child or \$55 per family.

**T-shirts and Items to Bring:** T-shirts will be available on the first day of VBS for those children who are pre-registered. Please have your child wear their t-shirt each day. Children will need to wear running shoes. Bring a hat and waterbottle and have your child wear sunscreen.

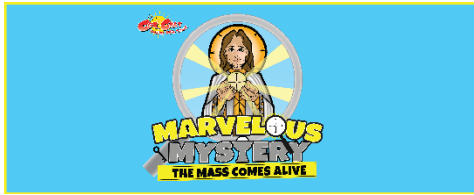
On the last day of the VBS, Friday, June 21, we will end the week with a special **Marvelous Mystery of the Mass** celebration! We would love to see parents and grandparents attend and participate with their children. Please let us know if you can join us for the closing event!

May God bless you and your family!

Please get in touch with any questions or for more information:

Annika Graveline (209) 596-1798

Barb Delisle (925) 584-5677



# VBS Participant Registration Form

For more information, contact:

Annika Graveline (209) 596-1798 cffstpatricks@gmail.com  
or Barb Delisle (209) 785-7870 fbdelisle@gmail.com

**Dates: June 17-21, 2024 at St. Patrick's Church Hall 9 am - Noon**

Send registration forms & check to: St. Patrick's Church, P.O. Box 576, Angels Camp, CA 95222  
(or drop off at parish office Mon thru Thurs 9 am – 2 pm)

**\$30 fee per child, maximum family fee \$55 payable to St. Patrick's**

We welcome all children. No child will be turned away due to finances.

(For all registrations received by 6/5 your child(ren) will have VBS shirts on the 1<sup>st</sup> day)

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**VBS Participant is for Children going into Kindergarten through Youth going into 5th grade  
Our VBS Volunteer is for Youth going into 6th grade through adulthood (separate volunteer form)**

Child's Name (need separate form for each child): \_\_\_\_\_

Sex: (circle one) M F Age: \_\_\_\_\_ Grade going into: \_\_\_\_\_

T-shirt size: (circle one) child sizes : XS S M L / adult sizes: S M L XL

Allergies or medical conditions: \_\_\_\_\_

**Family Information: (Please print legibly)**

Parent/Guardian Name(s): \_\_\_\_\_

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

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**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 myself or other legal guardian(s) cannot be reached. I hereby 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 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 Parish VBS programs. Any other use will require your further consent.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# VBS Volunteer Registration Form

Adult and Youth (going into 6th grade and above)  
Thank you for your generous service to our youth!

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or drop off at parish office Mon thru Thursday 9 am to 2 pm

**Volunteer's Information:** (print legibly)

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

Sex: (circle one) M F      If Youth: Age: \_\_\_\_\_ Grade going into: \_\_\_\_\_

T-shirt size: (circle one) child sizes : XS S M L / adult sizes: S M L XL

Allergies or medical conditions: \_\_\_\_\_

**I would like to do the following at VBS:**

Lead or help in Crafts \_\_\_ Games \_\_\_ Music \_\_\_ Faith \_\_\_ or Snack Time \_\_\_

Lead or help a group of students \_\_\_

Help with Skits \_\_\_

Help with Decorating prior to VBS \_\_\_

Help with Friday afternoon Clean-Up \_\_\_ Other \_\_\_\_\_

**If Under 18: Family Information:**

Parent/Guardian Name(s): \_\_\_\_\_ Address: \_\_\_\_\_

**Parent Contact Info (Phone Numbers):**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email \_\_\_\_\_

**If Youth: 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 myself or other legal guardian(s) cannot be reached. I hereby 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 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 Parish VBS programs. Any other use will require your further consent.

If Youth: Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_