

Saint Aloysius Vacation Bible School

Dear Parents,

Mark your calendars! We are excited to announce that this summer's Vacation Bible School, Shipwrecked, will take place August 6th–10th. At Shipwrecked VBS, kids discover how Jesus rescues us through life's storms. Shipwrecked is filled with incredible Bible-learning experiences; kids see, hear, touch, and even taste! Sciency-Fun Gizmos™, team-building games, cool Bible songs, and tasty treats are just a few of the standout activities that help faith flow into real life. (Since everything is hands-on, kids might get a little messy. Be sure to send them in play clothes and safe shoes.) Plus, we'll help kids discover how to see evidence of God in everyday life—something we call God Sightings. Get ready to hear that phrase a lot!

All children entering Kindergarten – 5th grade in September 2018 are welcome to attend. The kids will be in mixed-age groups with other children who have finished Pre-K through grade 5. These small groups, called Crews, are led by adults or teenagers who love children and are excited to share this special week with them.

Each day will begin at 9:00am and end at 12:00 noon. Lunch will not be served, however, light snacks will be provided. Be sure to advise us of any food allergies. The cost is \$65 per child up to three children. Please fill out one registration form per child. This is to ensure that you receive all of the information you will need for this year's VBS camp, as this will be our primary form of communication. Registration forms are due July 25th.

We are looking forward to another great week of fun!

Sincerely,

St. Aloysius' VBS Team

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PLEASE FILL OUT AND RETURN THIS FORM

Child's name: _____

Age: _____ Date of Birth: ___/___/___ School Grade as of 9/2018: _____

Shirt Size (Youth): S___ M___ L___ (Adult) S___ M___ L___

Parent(s)' Names: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____ Frequently Used E-Mail
Address: _____

Emergency Contact Name (if someone other than parent): _____ Phone #:

Food Allergies/Other Allergies: _____

Name of sibling/friend your child would like to be with: _____
(We will do our best to fulfill all requests)

Cost: \$65 per child, up to 3 children; no additional charge for more than 3 children in a family.
Make check payable to St. Aloysius Return completed forms and payment by **July 30th** to:
St. Aloysius Parish Office ATTN: VBS, 935 Bennetts Mills Rd., Jackson, NJ 08527

If you have any questions or would like further information,
Please email first: vbs@saintaloyusonline.org, or call Megan (848) 299-2603 or Christine (732)
259-1247.

****If you do not wish for your child's picture to be used, please sign below.****