VACATION BIBLE SCHOOL

High Seas Expedition

______________, 20___

___:___am to ___:___pm
Parents,

This summer, your children are invited to join the fun sailing on the High Seas with Scully, Marina, Wink, Lacey and Salty.

The children will learn that God’s word is true, and God’s word is life-changing for everyone.

Your children will develop a sense of God’s loving presence. And they’ll know God is alive…and active…and with them as they go on adventure on the High Seas Expedition.

Important details about VBS...

Who: ________________________________
Where: ___________________________
When: ____________________________
Time: __:__am to __:__pm

Special Note: Parents are responsible for dropping off their children and picking them up on time. Please, do not drop off children early because there isn’t any supervision until the VBS program begins.

Want to be a VBS volunteer? Contact one of the VBS Coordinators below:

**VBS Coordinators:**

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Additional VBS flyers and medical release forms can be found on our Holy Family website: www.holyfamilycaledonia.org

Registration

High Seas Expedition VBS 20

This slip is due by Sunday, __________

Sorry! No late registrations or walk-ins will be allowed.

**Family Last Name:** ________________________________

**Parent(s) Name:** ________________________________

**Parent email:** ________________________________

**Phone:** ________________________________

**Child:** ________________________________ **Age:** ______

**Child:** ________________________________ **Age:** ______

**Child:** ________________________________ **Age:** ______

**Parent signature:** ________________________________

Is your child Allergic to Bee Stings? ___No ___Yes (If yes, please contact the church office at ___-____-_______ with specific instructions.)

Medical/Learning/Allergy concerns: ________________________________

If someone other than parent is picking up your child please note name and phone: ________________________________

*A completed medical release, if not previously submitted with registration, is required to attend VBS. You can access a form at the church office or at our website: www.

Parents ~ We will capture many VBS memories with photos; photos will be used in church publicity and/or posted on our church website without students' names. Please contact the office at ___-____ if you have any questions.

**Adults:**
Can you help? ___Yes ___No
Name: ________________________________
Phone: ________________________________

**Volunteer Positions:**
___Crew Leader ~1st— 5th gr. combo
___Kindergarten or Pre-School Helper
___Floater or Support Helper

Do you need childcare? ___Yes ___No

**Teens (14 and older):**
Can you help? ___Yes ___No
Name: ________________________________
Phone: ________________________________

What is your age? ______

You will be contacted to match you with a position that best meets your interest with our needs.

**All families please support VBS by donating supplies needed for the week.**