



Vacation Bible School 2017

June 19-23, 2017

9:00 am-12:00 pm

Ages 3 years-Grade 5

St. Genevieve's Maker Fun Factory will provide fun, memorable scripture-based activities for children of all ages. Each day the children move through activity stations with their Crews (small groups of up to 6 kids and 1-2 teenage or adult leader). They'll enjoy Sound Wave Sing and Play, do wild science experiments at Imagination Station, have fun at Games Makers, enjoy snacks at the Snack Factory look for God Sightings and experience one of a kind Bible Discovery! Plus, the children will take part in a hands-on mission project for a local food shelf.

Plan on joining us for a closing celebration with program and picnic lunch
Friday, June 23rd 10:30 a.m.

Youth and teens (grades 6-12) are encouraged to join as helpers or crew leaders. Youth volunteer registration forms are available at www.stgens.org or at the parish office.

ADULT Help is NEEDED and appreciated. Virtus training available at many time slots and locations!



I can volunteer on:

Mon. ____ Tues. ____ Wed. ____ Thursday ____ Fri. ____

All 5th graders will be a participant and a Junior Crew Leader!

2017 Registration Fee:

\$40 per child, Family Rate: \$100

Includes child's tee shirt and one VBS CD per family.

(Adult volunteers receive a \$20.00 discount per first child when **volunteering for the whole week.**)

Scholarships are available upon request.

Hurry! Space is limited.

An email will be sent confirming your registration.

Questions? Please contact Cheri Cyzewski at cacyzewski@stgens.org (651) 783-5716.

Checks should be written to **St. Genevieve VBS By June 5th**

Checks & Registration forms can be mailed to:

St. Genevieve's Parish Office, VBS, 7087 Goiffon Rd., Centerville, MN 55038.

OR register and pay on-line.

MAKER FUN FACTORY VBS REGISTRATION FORM

Family Last Name: _____

Child's Name _____ Grade Entering (Sept. 2017) _____

1. _____

2. _____

3. _____

Address _____ City _____ Zip _____

Home Phone Number _____ Email _____

Mother's Name _____ Work _____ Cell _____

Father's Name _____ Work _____ Cell _____

Medical Insurance _____ Policy Number _____

Medical Concerns _____

Medications/allergies/conditions



Emergency Contact (other than parents): Name _____

Daytime Phone _____ Relation to Child(ren) _____



My child(ren) has permission to participate in this St. Genevieve's event. I understand such an event does involve some element of risk incidental to such participation and I do release and hold harmless the Archdiocese of St. Paul/Minneapolis, St. Genevieve Catholic Community, their employees, chaperones, leaders. Neither the Archdiocese, St. Genevieve Catholic Community, nor any said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity. I understand there is no medical insurance provided by the Parish or the Archdiocese.

In the event of an emergency, I hereby authorize emergency treatment to be administered.

I authorize any pictures to be taken at this event can be used on the St. Genevieve's webpage.

I authorize the emergency contacts to remove my child(ren) from St. Genevieve's premise in case of illness and emergency.

Parent/Guardian Signature _____ Date _____

Office Use: Number of children _____ Payment _____ CD Received _____