

St. Vincent Pallotti Parish

734-285-9840 x102

~Vacation Bible School 2025~

WE ARE ON GOD'S TEAM!



DATE: JUNE 16-20, 2025

TIME: 9:00AM – 12:00PM

PLACE: ST. JOSEPH CHURCH HALL, 334 ELM ST.

AGE: KINDERGARTEN TO FIFTH GRADE

~ 6th – 12th grade helpers are needed ~
(Call the office for details)

Join us for a fun morning of songs, bible stories, crafts,
games, prizes, and snacks.

*(*parents needed as volunteers- background check & Protecting God's Children required-
contact the office for details)*

All children must be registered by June 2nd!

See the registration form on back

A REGISTRATION FEE OF \$20 A CHILD / \$50 A FAMILY

IS REQUESTED TO HELP DEFER COST (SCHOLARSHIPS AVAILABLE)

ST VINCENT PALLOTTI PARISH ~ RELIGIOUS EDUCATION DEPARTMENT

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VACATION BIBLE SCHOOL REGISTRATION FORM & PERMISSION SLIP

~Please return this form by June 2nd to the Religious Education office, 334 Elm St, Wyandotte~

JUNE 16-20, 2025 ~ 9:00AM TO 12:00PM

FOR GRADES: KINDERGARTEN TO 5TH GRADE

SITE: ST. JOSEPH CHURCH HALL, 334 ELM ST.

Please fill out this form completely! It is very important that all information is accurate!!!

NAME	AGE	GRADE (IN SEPT)	SPECIAL NEEDS OR FOOD ALLERGIES

CONTACT INFORMATION:

(check best person to contact first)

FATHER'S NAME: _____ **DAYTIME PHONE:** _____

MOTHER'S NAME: _____ **DAYTIME PHONE:** _____

CHILD'S ADDRESS: _____

EMAIL: _____

EMERGENCY CONTACT: _____ **DAYTIME PHONE:** _____

RELATIONSHIP TO CHILD: _____

Check each to indicate you give permission to the following and sign below:

- ☐ I grant permission for the above-named children to participate in the St Vincent Pallotti Parish Vacation Bible School, June 16-20, 2025. I have taken the responsibility to disclose all information needed and agree to release St Vincent Pallotti Parish and the Archdiocese of Detroit of all liability.
- ☐ I give permission for minor first aid to be administered on site if needed. I understand every effort will be made to contact the above emergency numbers. In the case of a severe emergency, I authorize an adult leader to make the decision if more extensive care is needed until an emergency contact can be located.
- ☐ I give permission for photos of my child to be published in the parish bulletin and website (no names).

Print Name

Signature

Date

REGISTRATION FEE: \$20 PER CHILD / MAXIMUM \$50 PER FAMILY
AMOUNT ENCLOSED: _____

***ALL ADULTS INTENDING TO STAY DURING VBS MUST FILL OUT A BACKGROUND CHECK FORM AND ATTEND A PROTECTING GOD'S CHILDREN WORKSHOP (OR A CURRENT CERTIFICATE COMPLETED WITHIN THE LAST FOUR YEARS)**