

St. Patrick's Church Yorktown Heights, NY Welcome



Our Vacation Bible School will begin July 30th and run through August 3rd. Please have your child/children on the parking lot in front of the Family Education Center at 9:00 each morning. Pick-up will be at 12:00 noon at the same place. Dress is casual play clothes but we request (for safety reasons) NO FLIP-FLOPS - please.

We ask that each family bring a package of cookies and a 64 oz. can of juice on the first day. This will help us supply snacks for the children during the Bible School. If your child has any special dietary needs, please supply their snacks each day.

We thank you for your cooperation and look forward to an enjoyable Bible School session with your child/children.

**Vacation Bible School
Lorraine Bernitt
962-7278**

St. Patrick's Church Yorktown Heights, NY VACATION BIBLE SCHOOL



Who: For Children Ages 4 to 11

When: 9AM to Noon, Monday through Friday, July 30 – August 3

Cost: \$60 per child per week

This summer we are pleased to be offering a VACATION BIBLE SCHOOL for all children ages 4 to 11. The program will introduce the children to Biblical themes and Catholic prayer, as well as lead them through group activities such as arts/crafts and sing-a-longs.

This program also needs the generous donation of time and a talent from our teens and adults. If you are a parent interested in enrolling your child, or if you are an adult or teen wishing to donate your time and talent please complete the forms on the back of this letter and return it to the church Rectory with your check (with bible camp on the memo line) no later than July 16, 2018.

Teens might be interested to know that volunteering in this program qualifies them for Confirmation and High School service hours. For more information please Lorraine Bernitt at 914-962-7278.

St. Patrick's Church

Yorktown Heights, NY

VACATION BIBLE SCHOOL

I would like to enroll my child/children in the Vacation Bible School.

PARENT'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL: _____ WORK: _____

EMERGENCY CONTACT: _____

NAME OF CHILD: _____ AGE: _____ GRADE IN SEPTEMBER _____

NOTES: (PLEASE INDICATE ANY SPECIAL NEEDS, i.e., ALLERGIES, ETC).

I GIVE MY PERMISSION FOR MY CHILD'S PHOTO TO BE TAKEN DURING THE VBS FOR PARISH PROMOTIONAL REASONS: () YES () NO

I would like to donate my time/talent to assist the Vacation Bible School.

NAME: _____ PHONE: _____

ADDRESS: _____

() ADULT () TEEN- AGE _____ (NOTE, VOLUNTEERS OVER THE AGE OF 16 MUST COMPLETE A BACKGROUND CHECK AS PER ARCHDIOCESAN REGULATIONS, AND ATTEND A SAFE ENVIRONMENT SEMINAR- PROVIDED BY THE VBS STAFF)

Particular area of interest (music, arts/craft, nurse, etc.):
