



*St. Elizabeth University Parish*  
**Vacation Bible School**  
July 25-29, 2022 @ 5:30- 8:45 pm



**PLEASE EMAIL THE REGISTRATION FORM TO: [stelubbock@gmail.com](mailto:stelubbock@gmail.com)**

Dear Parents,

Greetings from St. Elizabeth University Parish Vacation Bible School Team!

We are so excited to have your child/ Children participate in this year's program, St. E's Vacation Bible School: **MARVELOUS MYSTERY: The Mass Comes Alive**. During this Mystery themed VBS, the Kids will be exploring the Mass and deepening their love for Jesus in the Eucharist.

We want this to be a whole family experience and so we invite you to attend any of our VBS days especially on the last day for our Eucharistic Celebration.

**VBS Program Details:**

**Start date:** We begin on July 25, 2022 @ 5:30 pm in Hanly Hall.

**Drop off 5:20 p.m:** We ask that a parent or guardian sign your child/ Children in each day at the sign-in tables located in the main entry. Take your child to the main hall to their assigned group leader. Please do not leave until their group leader arrives. It is important that your child arrives on time so we can begin our program on schedule.

**Pick-up 8:45 pm:** We ask that when you pick your child up, you let the group leader know and sign them out at the sign-out tables. Remember to take home your child's craft, any other take home items and any parent handouts.

**Registration fee \$20. per child:** Registration fee need to be paid on or before July 25-29, 2022 to augment our expenses for T shirts and other expenses. Make cheques payable to St. Elizabeth University Parish.

**T-shirts:** T-shirts will be distributed on the first day of VBS.

**Dress:** Please have your child(/Children wear their t-shirt each day. Children will need to wear running shoes (**no flip flops or open toe sandals**). Please dress your children in play clothes as they will be working on crafts that involve paint and glue.

On the last day of the VBS, Friday July 29, 2022, we will be having a special celebration. We would love to see as many parents as possible, attend and participate with the children. Then, following Mass, we will end the week with a **Marvelous Mystery Party**. (Please look for the sign up sheet on the first day of the VBS and let us know if you can join us for the closing celebration.

May God bless you and your family,

Sincerely yours ,

**SR. MARIA SYLVIA B. SALVAN, MSLT**

Director of VBS

St. Elizabeth's Vacation Bible School Team

Mobile # 806-500-5164

Email: [sylvia\\_mslt@outlook.com](mailto:sylvia_mslt@outlook.com)



**St. Elizabeth University Parish**  
**Vacation Bible School**  
**July 25-29 @ 5:30- 8:45 pm**  
**PARTICIPANTS REGISTRATION FORM**



**PLEASE EMAIL THIS REGISTRATION FORM TO: [stelubbock@gmail.com](mailto:stelubbock@gmail.com)**

**Child's Information:**

Name: \_\_\_\_\_

Sex: (circle one) M          F          Age: \_\_\_\_\_          Grade : \_\_\_\_\_

**T-shirt size:** (circle one)    **child sizes :** XS    S    M    L    /    **adult sizes:** S    M    L    XL

Allergies or medical conditions: \_\_\_\_\_

Health Insurance # (if applicable): \_\_\_\_\_

**Family Information:**

Parents/Guardians' Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_          Work: \_\_\_\_\_          Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_          Email: \_\_\_\_\_

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photo-graph or video, and used during the VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**Registration fee: \$20.00**    Received by : \_\_\_\_\_    Cash \_\_\_\_\_    Check # \_\_\_\_\_    \$ \_\_\_\_\_