

**Holy Trinity Catholic Church presents:**

**Vacation Bible School 2018**

*June 18-22, 2018 ~ 9:00 – 11:30 A.M. each day*

*Deadline to register: June 8th*



**\*\*Shipwrecked\*\***

**“Rescued by Jesus!”**

\$20.00 per child (or \$50 maximum per family)



Holy Trinity’s Vacation Bible School is for children ages 4 –12.

**LOCATION:** Holy Trinity Elementary School - 211 2<sup>nd</sup> St. N, Winsted MN 55395

***For additional information or to volunteer as a teacher or helper:***

Contact: Kathy Condon 320- 485-5638 or [kcondon@tds.net](mailto:kcondon@tds.net)

**Registration Form:**

Drop this form off at church, school, or mail it (one per family) along with \$20 per child or maximum \$50 per family.

**\*\*Calling in DOES NOT guarantee you a spot. Registration and money MUST be received by the deadline date of June 8th!!\*\***

Make checks payable to Holy Trinity Parish and mail to:

Holy Trinity School  
ATTN: VBS/Kathy Condon  
PO Box 38  
Winsted, MN 55395

**\*\*\*Registration will be limited to the first 60 students that sign up. Registration deadline is June 8, 2018\*\*\***

**One form per family**

Family Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Mother’s Name \_\_\_\_\_ Work or Cell Phone Number \_\_\_\_\_

Father’s Name \_\_\_\_\_ Work or Cell Phone Number \_\_\_\_\_

Emergency Contact Person (besides you) that can be contacted during VBS:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**I would like to volunteer: (circle all that apply)**

As a teacher or helper      Make a Donation (cash or supplies) \_\_\_\_\_      Other ways \_\_\_\_\_

(OVER)

**Names of child/children registering for Holy Trinity Vacation Bible School - - \*\*Due June 8th:**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Allergies or medical concerns \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Allergies or medical concerns \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Allergies or medical concerns \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Allergies or medical concerns \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Allergies or medical concerns \_\_\_\_\_

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**Student Helper's Name** \_\_\_\_\_ **Age/Grade** \_\_\_\_\_

Allergies or medical concerns \_\_\_\_\_

**Student Helper's Name** \_\_\_\_\_ **Age/Grade** \_\_\_\_\_

Allergies or medical concerns \_\_\_\_\_

*We look forward to working with you and your children  
during this year's VBS session.*

