

# St. Margaret of Scotland VBS 2019 Information



## For any SMOS children entering Kindergarten through Grade 5

VBS Hero Central is designed to introduce campers to a deeper relationship with God through Jesus Christ. Each activity is developed, tested, and refined to be an engaging, age-appropriate experience to bring the word of God alive to every participant and volunteer. VBS Hero Central is based on stories from both the Old and New Testaments.

- Monday: God is with Baby Moses in the River - God is with us; *Yes, He is!*  
Tuesday: God's People Enter the Promised Land – *God Gives us LIFE; Yes, He does!*  
Wednesday: God Heals Naaman in the Jordan River – God is faithful; *Yes, He is!*  
Thursday: God Saves Paul From the Sea – God gives hope; *Yes, He does!*  
Friday: God's Yes Is Jesus; Jesus is our Savior; *Yes He is!*

*Come join us for games, activities, crafts, songs, and even snacks that help us remember that we are ALL God's Heroes!*

**Dates:** July 29 through August 2, 2019

**Times:** 8:30 am – 11:45 am

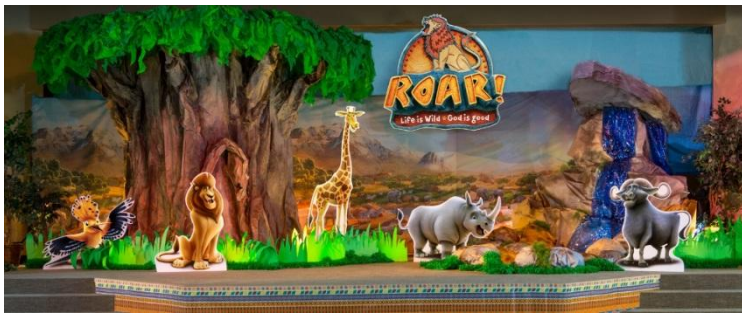
**Registration:** Print out & complete only 1 form per family.

Print out & complete 1 Consent Form A per camper.

**Fee:** \$35 per camper

**Please return all forms and fees to the SMOS Religious Ed Office no later than Friday, July 19.** Welcome kits for registered campers will be available beginning Sunday, July 21.

Questions? Contact Madeline Romano at the Religious Ed Office: [madeline@margaretofscotland.org](mailto:madeline@margaretofscotland.org)  
or call 834-0225, ext. 103



## **St. Margaret of Scotland Parish 2019 VBS Registration Form**

Family Name: \_\_\_\_\_ (Check here if different from child's \_\_\_\_\_)

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Registered Parishioners of St. Margaret's? \_\_\_\_\_

**Please print child's name, last name first, one child's name per line:**

_____ DOB:	_____ Age:	_____ Grade 2019/20:
_____ DOB:	_____ Age:	_____ Grade 2019/20:
_____ DOB:	_____ Age:	_____ Grade 2019/20:
_____ DOB:	_____ Age:	_____ Grade 2019/20:
_____ DOB:	_____ Age:	_____ Grade 2019/20:

**Please list any food allergies, medical issues, behavioral/learning issues that we need to know about for each individual child:**

Child:

Child:

Child:

Child:

Child:

**Please indicate who will be dropping off/picking up your child daily.** \_\_\_\_\_

*If this changes, a note must accompany the child and be given to Mrs. Romano at the start of the day.  
This is a safety issue. All children must be signed out by an adult at the end of camp each day.*

**Please turn in this completed form, \$35 per child, and a completed Consent Form A per child.**

**Registration forms are due back to the SMOS Religious Education Office no later than July 19.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_