



St. Peter Chanel Church
Presents:
**VBS 2015: Workshop of Wonders:
Imagine and Build with God!**
Location: 41 Chaprowe Rd
The Gap QLD
Dates: July 6-10
Time: 9am-12pm

What is VBS?

VBS, or Vacation Bible School, is a week-long day-camp for children to study and closely encounter God and the Bible in a tangible and exciting way. Including crafts, games, and stories, VBS allows children to experience the Church, while learning important lessons about their Faith. Please see the attached sheet for more information.

Registration

- ❖ Vacation Bible School (VBS) is open to all children age three, who are fully potty-trained, to age six.
- ❖ To register your child(ren), complete all the information on the student registration form and **return the form to the church office listed below, by June 29**. Because of space and volunteer/staff limitations, all of our groups are filled on a first come, first served basis.
- ❖ **There is a registration fee of \$3 per day to be paid at the time of registration. Children are encouraged to attend the entire week.**

Volunteers Needed

Your child(ren)'s experience at VBS solely depends on the help of volunteers. All volunteers, ages 13-adult, are welcome. Grandparents and other church members are encouraged to volunteer. You do not need to have children in VBS to volunteer! Volunteers under age 18, please indicate you age on the volunteer form, so we can properly place your talent.

Volunteers are needed to:

- ❖ Direct and assist in the following stations: Storytelling, Crafts, Science Lab, Games Garage, Snack Stop, Song Studio, and the Mission Project
- ❖ Be a Workshop of Wonder Faith Builder, and guide/escort the children to their stations
- ❖ Help create/decorate the Workshop of Wonders
- ❖ **ALL VOLUNTEERS WORKING WITH THE CHILDREN must attend a training session on Saturday July 4 at 8pm.**

Please direct any questions to Elisabeth Grober: egrober@eureka.edu

Workshop of Wonders VBS Information Sheet

Below you will find some information on the activities the children will participate in throughout the week. Not listed is a section called "Mission", where the children will learn about the people in Costa Rica and how they live day to day.

	Bible Story	Wonder Words	Scripture Verse	Craft	Recreation	Music
Day 1	The Story of Esther	Imagine with God!	Psalms 105:2	Make a Crown	Imagination Freeze	<i>Queen Esther Song</i>
Day 2	Rebuilding the Lord's House	Build with God!	Isaiah 64:8b	Clay	Build the Temple Game	<i>We're Building</i>
Day 3	Parable of the Mustard Seed	Grow with God!	2 Peter 3:18	Make Butterflies	Musical Nests	<i>Grow with God</i>
Day 4	Feeding the 5,000	Work with God!	John 5:17	Make Bread	Bread and Fishes Relay	<i>The Boy's Lunch</i>
Day 5	Walking to Emmaus	Walk with God!	Romans 10:15b	Paper Puppets	Obstacle Course	<i>Walking to Emmaus</i>

Volunteer Job Descriptions

- ❖ ***Group Assistant:*** You will follow the children to all the stations, helping and ensuring good behaviour.
- ❖ ***Crafts:*** You will help the children complete their crafts.
- ❖ ***Recreation:*** You will lead the games and show the children how to play safely.
- ❖ ***Snack:*** You will make a snack ahead of time and deliver it to the VBS on the appropriate day.
- ❖ ***Decorations:*** You will assist in decorating the VBS space Sunday July 5th.
- ❖ ***Mission:*** You will describe what a mission is to the children, and talk about the week's mission in Costa Rica. You will assist in several projects teaching the children about the lives of people in Costa Rica.
- ❖ ***Storytelling:*** You will tell a story to the children using felt and figures. You will also play games and teach the children their scripture verse.
- ❖ ***Music:*** You will teach the children music, and sing along with them.

VBS Registration Form
St Peter Chanel Church
July 6-10

Child's Name _____

Age Information

Date of birth _____ Age _____

Potty Trained yes/no

Allergies/Medical Information/Other

Parent/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers: Home _____

 Work _____

 Cell _____

Home Church _____

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

In case of a severe medical emergency, I _____ give permission for
_____ to be taken by ambulance to hospital along with a VBS Staff Member.

Dismissal Information

Name(s) of person(s) who may pick up this child from VBS _____

Parent/Guardian Signature _____ **Date** _____

We will be taking pictures during this week of VBS of our volunteers and participants. We will be using the images on websites and flyers to advertise next year. For us to be able to take pictures of your child during this week, it is required that the parent/guardian complete this slip.

I give permission for my child _____ to be photographed by the Workshop of Wonders VBS for the above stated purpose.

Parent/Guardian Signature _____ Date _____

Adult Volunteer Form – Workshop of Wonders VBS

St Peter Chanel Church * July 6-10

VBS needs YOU! It takes many volunteers to ensure a fun adventure. While enrollment of children will be on a first paid, first served basis, additional priority will be given to children whose parents volunteer. Join the fun – experience VBS for yourself!

PLEASE NOTE: All adult volunteers working directly with the children must hold a valid Blue Card and be able to present proof of such. This DOES NOT include parents of attending children or registered health practitioners.

Adult Volunteer Name _____ Phone _____

Address _____

Email _____ Alternate Phone _____

Below, please mark the areas you are interested in volunteering for. Note that if you choose group assistant, you will travel with the children and get to experience it all!

Circle available days, 9am-12pm: Sun Mon Tue Wed Thur Fri
 5/7 6/7 7/7 8/7 9/7 10/7

Notes on availability _____

Please mark your 1st, 2nd, and 3rd preferences for volunteer placement:

- _____ I can help any place you need me!
- _____ Group Assistant
- _____ Crafts Would you be willing to lead? Yes/No
- _____ Recreation Would you be willing to lead? Yes/No
- _____ Snacks (can make snack and drop it off)
- _____ Decorations (needed in days prior to VBS)
- _____ Mission Would you be willing to lead? Yes/No
- _____ Storytelling Would you be willing to lead? Yes/No
- _____ Music Would you be willing to lead? Yes/No

We will be taking pictures during this week of VBS of our volunteers and participants. We will be using the images on websites and flyers to advertise next year. For us to be able to take pictures of your child during this week, it is required that the parent/guardian complete this slip.

I give permission for myself to be photographed by the Workshop of Wonders VBS for the above stated purpose.

Signature _____ Date _____

Teen Volunteer Form – Workshop of Wonders VBS

St Peter Chanel Church * July 6-10

VBS needs YOU! It takes many volunteers to ensure a fun adventure. While enrollment of children will be on a first paid, first served basis, additional priority will be given to children whose parents volunteer. Join the fun – experience VBS for yourself!

Teen Volunteer Name _____ Cell Phone _____

Email _____ Home Phone _____ Age _____

Parent/Guardian Name _____ Phone _____

Emergency Contact Name _____ Phone _____

My teenager, _____, has permission to assist with the Workshop of Wonders VBS on the following days:

Circle available days, 9am-12pm:

Sun	Mon	Tue	Wed	Thur	Fri
5/7	6/7	7/7	8/7	9/7	10/7

Notes on availability _____

Signed _____ Date _____

Below, please mark the areas you are interested in volunteering for. Note that if you choose group assistant, you will travel with the children and get to experience it all! Please mark your 1st, 2nd, and 3rd preferences for volunteer placement:

- _____ I can help any place you need me!
- _____ Group Assistant
- _____ Crafts Would you be willing to lead? Yes/No
- _____ Recreation Would you be willing to lead? Yes/No
- _____ Snacks (can make snack and drop it off)
- _____ Decorations (needed in days prior to VBS)
- _____ Mission Would you be willing to lead? Yes/No
- _____ Storytelling Would you be willing to lead? Yes/No
- _____ Music Would you be willing to lead? Yes/No

We will be taking pictures during this week of VBS of our volunteers and participants. We will be using the images on websites and flyers to advertise next year. For us to be able to take pictures of your teen during this week, it is required that the parent/guardian complete this slip.

I give permission for my child _____ to be photographed by the Workshop of Wonders VBS for the above stated purpose.

Parent/Guardian Signature _____ Date _____