

**ST. SIMON THE APOSTLE/ST. ALOYSIUS ON-THE-OHIO
PASTORAL REGION**

DATE: July 31 – August 4, 2023
 TIME: 9:30 AM - 12:00 PM
 PLACE: St. Simon Plagge Hall
 COST: FREE!!! - May Poor Box was designated for
 Vacation Bible School to help cover costs
 –**Any other donations are greatly appreciated!**
 AGES: Pre School (age 4) to Grade 5
 (entering grade in August 2023)
 Grade 6 and older are eligible to volunteer.



Students (Heroes) are guided each day by the Professor and Super Meer to work together as a team to strive for peace and build each other up.

Be sure to mark a t-shirt for each participant and volunteer.

We have Youth Sizes YS, YM, YL and Adult Sizes AS, AM, AL, AXL, A2XL

Participant's Name _____ Grade in Aug. 2023 _____ T-shirt Size _____
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 ** Student Volunteer Name _____ ** Grade in Aug. 2023 _____ T-shirt Size _____
 ** Student Volunteer Name _____ ** Grade in Aug. 2023 _____ T-shirt Size _____

** **MANDATORY MEETING** – Volunteers are required to come to one of the following meetings: July 25th at 7:00pm or July 27th at 9:30am

Parent Name _____ Phone _____
 Address _____ Zip _____
 E-mail _____

Can you (parent) volunteer to help? Yes ___ No ___ T-shirt Size ___ Days _____
Adult Volunteers need SafeParish Training – call Beth Schumacher at 941-3656 for details.

**Please fill out REVERSE side also!
 To Guarantee Supplies Please Respond by July 7, 2023**

Our service project for the week will be collecting money for Delhi Kids, Cops & Firefighters. We will have a contest between the groups, as to who donates the most money. We will collect different coins on each day:

Monday	Pennies
Tuesday	Nickels
Wednesday	Dimes
Thursday	Quarters
Friday	Any coins/bills

We will have lessons, music, crafts, games, science activities and snacks utilizing both Plagge Hall and the grounds.

*** While the program is going on **PLEASE** refrain from talking to other parents so that everyone can hear what is being said. ***

[Cut here:](#)

Mail this form to:	Or drop in collection basket.	Or contact:
St. Simon Parish	Or email -	Beth Schumacher
825 Pontius Road	mbschumacher@fuse.net	941-3656
Cincinnati, OH 45233		mbschumacher@fuse.net

Please let us know if your children have any allergies, as we will be having a daily snack.

Child _____	Allergies _____
Child _____	Allergies _____
Child _____	Allergies _____
Child _____	Allergies _____

Physician _____ Phone _____

Emergency Contact Name _____ Phone _____
(Other than parent – parent will be called first! This is if we cannot get ahold of parent)

In case of accident or illness, I request that the representative of the parish Vacation Bible School program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish Vacation Bible School program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above. Also, you have my permission to use photos to promote Vacation Bible School.

Parent/Guardian Signature _____ Date _____