

# COMMUNITY VACATION BIBLE SCHOOL

*A Free Will Offering Vacation Bible School  
from the Catholic and Protestant Churches  
of Sayreville, South Amboy, and Parlin*

**July 15-19, 2024                      9:00 A.M. - 12:15 P.M.**

**Location: St. Bernadette Church, Lourdes Center  
20 Villanova Rd., Parlin**

**Closing program: Friday, July 19, 2024 at 7:00 P.M.**

***ALL REGISTRATIONS ARE DUE JUNE 15TH***



Name \_\_\_\_\_ Attended CVBS previously: YES NO  
(One person per form)

Birth date \_\_\_\_\_ Known allergies or medical concerns \_\_\_\_\_  
\*\*\*Please provide any additional information on back of sheet\*\*\*

Church affiliation/ town \_\_\_\_\_

I will be attending (Please circle) All week Mon Tues Wed Thurs Fri & Fri Closing

Grade entering in SEPTEMBER 2024: \_\_\_\_\_ CVBS student- K 1 2 3 4 5 6 7

Volunteer- 8 9 10 11 12 ADULT

## **Volunteer Information:**

Teens and Adults are assigned where needed. This may include assisting in teaching a CVBS class, helping set up various games and crafts prior to and throughout the week, and transporting supplies to and from locations. Teens will receive community service hours. *Childcare provider for volunteers only, July 15<sup>th</sup>-19<sup>th</sup>.*

### **I can volunteer for CVBS by: (Please circle all you are available for)**

- |                    |                                                |                                                                  |
|--------------------|------------------------------------------------|------------------------------------------------------------------|
| *Donating supplies | *Teaching/ assisting                           | *Take down/cleaning up July 19 <sup>th</sup> at Noon & 7:30 P.M. |
| *Preparing crafts  | *Setup July 10 <sup>th</sup> -14 <sup>th</sup> | *Transport supplies from and to Christ Church.                   |

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Cell # \_\_\_\_\_  
(All students/ teen volunteers/ adults must have a local Emergency Contact)

Parent/Guardian (Print name) \_\_\_\_\_  
(Please verify all information is correct, teens may NOT sign themselves up)

Parent/Guardian (Signature) \_\_\_\_\_

### **Please mail completed form to:**

Lois Ann Smith- CVBS, 141 Luke Street, South Amboy, NJ 08879-2209

**For more information, contact your parish representative:**

**First Presbyterian Church of South Amboy, Elaine Lopez 732-570-0692**