



Jesse Tree Journey

ONE
DAY
VBS

Different year...Different Bible heroes! So come again! This Advent take a terrific trip through the Old testament to meet Jesus' family and Bible heroes. Learn their stories through games, art, prayer, and more.

Saturday, December 15th 10:00am-4:00pm (Mass at 4pm)

For Grades K-5, Vacation Bible School format.

Cost \$15 per child, \$50 family max. (Checks to St. Anne)

Tween and Teen volunteer opportunities.

Registration Form

Parents Name(s): _____
Home Telephone No.: _____ Cell Phone No.: _____
E-mail: _____
Emergency Contact Name: _____ Number: _____

Please complete a section for each child you will be registering.

Child First Name: _____ Last Name: _____ Nickname: _____
Date of Birth: _____ Age: _____ Grade : _____
Allergies: _____

Child First Name: _____ Last Name: _____ Nickname: _____
Date of Birth: _____ Age: _____ Grade : _____
Allergies: _____

Child First Name: _____ Last Name: _____ Nickname: _____
Date of Birth: _____ Age: _____ Grade : _____
Allergies: _____

Child First Name: _____ Last Name: _____ Nickname: _____
Date of Birth: _____ Age: _____ Grade : _____
Allergies: _____

Child First Name: _____ Last Name: _____ Nickname: _____
Date of Birth: _____ Age: _____ Grade: _____
Allergies: _____

(over)

Volunteer Opportunities

Available for tweens, teens and parents who would like to participate.

The number of people we need will be determined by the response we get during registration. Activities will include helping the children play games, create crafts, snack time, singing, reading and general organization. If you are interested in being a part of this wonderful opportunity please complete the following and you will be contacted shortly after registration is completed. Thanking everyone in advance for their help! Please e-mail Laura Reither at dre@saintannehamel.org

Name of Volunteer: _____ Age: _____ Grade: _____
E-mail: _____
Contact Number: _____
Allergies: _____

Name of Volunteer: _____ Age: _____ Grade: _____
E-mail: _____
Contact Number: _____
Allergies: _____

Name of Volunteer: _____ Age: _____ Grade: _____
E-mail: _____
Contact Number: _____
Allergies: _____

Name of Volunteer: _____ Age: _____ Grade: _____
E-mail: _____
Contact Number: _____
Allergies: _____