



ST. ROSE OF LIMA VBS 2025

JUNE 16-19 + 9-11:30 A.M.

DIGGIGN FOR TREASURE

Treasure Island located in the SCHOOL GYM

We will gather each morning in the gym for our gather and worship, students will then break into small groups of treasure hunters. Each day will be filled with fun activities, crafts, bible stories , group fellowship music & more!

Monday..... It's a Secret
Tuesday..... Listen Up
Wednesday..... Found It
Thursday..... Just Ask



All students who will be entering 4k -through 4th grades are eligible for enrollment in VBS.
Older students are welcome to help assist as Jr. Guides!
All students and must fill out registration forms.

Registration forms are available at St. Rose School and Parish offices.
For more information or additional forms contact Stacy Oeding
979-743-1147 or email oedingstacy@gmail.com

**"FOR WHERE YOUR TREASURE IS, THERE ALSO
WILL YOUR HEART BE." - LUKE 12:34**

Permission Slip & Liability Waiver

(one form per child must be completed)

Effective for Vacation Bible School from June 16– June 19, 2025, 9:00 am – 11:30 am

This year's theme is "Digging for Treasure"

Child's name _____ Age: _____

Gender _____ Last grade completed _____

Name of Parent /Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Primary Phone#: _____ Cell phone #: _____

Home church _____

Please explain any allergies, dietary and/or medical concerns for your child in the space below:

Release of Liability: By signing this form I understand there are risks associated with all activities including VBS activities. I agree not to hold St. Rose of Lima Catholic School or any of its VBS leadership or other agents liable for any harm that may accidentally occur through the normal course of Vacation Bible School. I understand the VBS leadership will make every reasonable attempt to provide a safe and caring environment for my child.

Other emergency contacts: (Listing a person indicates they are approved to pick up your child)

1) Name: _____ Relationship: _____

Primary phone#: _____ Alternate Number# _____

2) Name: _____ Relationship: _____

Primary phone#: _____ Alternate Number# _____

Final Approval: I as the parent/guardian agree to the above:

Signature: _____ Date: _____

Print Name _____

RETURN FORMS TO ST. ROSE OF LIMA SCHOOL OR PARISH OFFICES
OR MAIL TO STACY OEDING 1035 EILERS ST., SCHULENBURG, TX 78956
email: oedingstacy@gmail.com