2025 Westborough Ecumenical Vacation Bible School

First United Methodist Church, Good Shepherd Lutheran Church Saint Luke's Roman Catholic Church, Saint Stephen's Episcopal Church



July 28th – August 1st 2025 Camper Form

True North: Trusting Jesus in a Wild World

Get ready for the summer event that points kids to Jesus, a faithful friend we can always trust! Here kids explore how easy it is to lose sight of what's true in our wild world today and learn that Jesus is our true north. You can expect a week full of faith discoveries, memorable music, and epic adventures that help kids grow in friendship with Jesus.

A week of fun and memorable Bible truths where we'll learn that:



When we wonder, we can...trust Jesus! When we feel alone, we can...trust Jesus! When we feel powerless, we can...trust Jesus! When we need hope, we can...trust Jesus! When we need help, we can...trust Jesus!



9am – 12pm

LOCATION:

St. Luke's Parish Center 1 Ruggles St., Westborough Ages 3-6th Grade

QUESTIONS? Coordinator: Stephanie Shepardson (413-262-1497 or sshepardson@comcast.net) Site Director: Dianne Patrick (diannempatrick@yahoo.com)

PLEASE NOTE TIMES AND LOCATIONS – NO FURTHER CONFIRMATION WILL BE PROVIDED Keep a copy for your records.

RETURN REGISTRATION FORM WITH PAYMENT TO:



Ecumenical VBS 3 John Street Westborough, MA 01581

Registration Fee:

\$50/child \$100 max per family



Children of adult <u>full-time volunteers</u> are free of charge. Scholarships are available. **Deadline to register is July 14**th. No walk-ins can be accepted.

*Make checks payable to "Ecumenical VBS" and put last name of child on memo line.

Registrations will be accepted on a first-come, first-served basis. The number of campers is limited to be able to plan crafts and snacks accurately and to obtain an appropriate number of volunteers to create a safe and fun experience for everyone.

CAMPER REGISTRATION *** Please print clearly - Thank you!

Child's Name

Grade Age as of Gender 1st Timer Allergies, food restrictions,

	Fall 2025	7/28/25		or Returnee	special needs, other need to knows
Parents Name		I		<u>I</u>	
Address/Town/Zip					
Phones	(cell) (home/work)				
Email Address					
Church Affiliation					
Secondary Emergency Contact	Name]	Phone
Physician or Preferred Medical Clinic required	Name]	Phone
5 th or 6 th grader, check he	re to ind		child's i		6 th graders. If registering being a C.I.T □ no □ y Adult
	•			copy of the al CD or a	e music? digital copy.
Photographs may be taken of	my child f	or the purp	ose of pro	omoting Wes	etborough VBS 🗌 yes 🔲 no
I give permission for 1				ough Ecun ll activities	
Parent/Guardian Signatu	ıre				
Date					