



St. Thecla

March 2025

Dear St Thecla Families and Friends

It is hard to believe, but summer is just around the corner and with that comes our highly anticipated Vacation Bible School (VBS)! Our team has been working hard planning the take off for our 2025 VBS! We are very excited to invite your children to join us this summer for a **Radical Ride** this summer! We will buckle up and enjoy the views as our **Radical Ride** takes us around the world ~ learning about prayer, virtues, Catholic traditions, and so much more! Each day, our flight will take us on an adventure to a new country learning their customs, songs, playing games, learning about and practicing prayer, making crafts, enjoying snacks, and much more!

Our **Radical Ride** takes off **June 16th – 20th from 9am to 12pm**. Children entering 4-year-old pre-school to 5th grades are invited to join us to participate on the adventures with us. Based on last year, we know that we are going to have an overwhelming response (what a beautiful situation to have) so we will need many adults and children going into 6th and up to help us lead all our little explorers on this journey.

Early Bird registration ends April 10, 2025! Early bird cost is \$50 per child, with a maximum of \$150.

Regular Registration ends May 19th! The cost is \$65 per child, with a maximum of \$195. There is no fee for Teen Helpers.

*Registration includes a T-shirt, lunch and a craft to keep each day

If you are in need financial assistance, please contact the Religious Education Office.

Planning underway and we are looking forward to a fun and faith filled week. If you have any questions, please email religioused@stthecla.com or call Nicole at 586-791-3930 ext. 316.

Prayerfully,



Your **Radical Ride** Leadership Team



St. Thecla Catholic Church
Radical Ride Catholic Vacation Bible School 2025
Registration for Students Enrolled in PK4-6th
 Due by May 19th, 2025 to the Parish office

VBS Dates: **June 16th-20th**
9:00am-12:00pm

Cost: Early Bird \$50.00 per camper March 17 - April 12, 2025
Regular \$65 per camper April 13 - May 19th, 2025

Discounts available for multiple children: Early Bird Max- \$150 per family &
 Regular Registration - \$195 per family. **NO CHARGE for Teen Helpers**

Make Checks Payable to: **St. Thecla Catholic Church** (Note: Refunds may not be available)

Family Last Name:	Home Phone:	Father's Name:	Mother's Name:
Address:		Father's Cell Phone:	Mother's Cell Phone:
City/Zip:		Father's Work Phone:	Mother's Work Phone:
Email:			

Student Name	Grade in Fall & School	Check one		T-Shirt Sizes available: Youth XS-XL & Adult XS-XXL	
		Camper	Teen Helper	Youth _____	Adult _____
				Youth _____	Adult _____
				Youth _____	Adult _____
				Youth _____	Adult _____
				Youth _____	Adult _____
				Youth _____	Adult _____

*Teen helpers have an additional registration form to complete

I give permission for my child(ren) to be photographed during VBS 2025 for educational use within the classroom and also for community relations not-for-profit use as St. Thecla parish articles, parish website, etc. Names will **NOT** be included in such uses. **Please circle YES NO**

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent that the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or ther legal guardian(s) cannot be reached. I hereby do release and forever discharge the diocese, parish, and Cat.Chat Productions INC. from all manners of actions, claims which I or the child(ren) named above shall or may have for any reason, arising during my child's(ren) attendance of the VBS.

Signature: _____

Date: _____

One participate per form

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: St Thecla, Radical Ride VBS, June 16-20, 2025

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician. I acknowledge that it is my responsibility to submit a new form if any of the above information changes.

Date: _____

Signed: _____
(Parent or Guardian)