



St. Bernadette Church

Children's Christmas Fun Day

(aka "Parent's Day Out")



Saturday, December 5, 2015

Our St. Bernadette Confirmation students
(10th & 11th graders) are offering a **Children's Christmas
Fun Day** for children 3- thru 12-yrs old.
(Children must be potty trained)



We will offer (2) three-hour sessions,
✚ Morning session, 10:00 a.m. – 1:00 p.m.
✚ Afternoon session, 1:00 p.m. – 4:00 p.m.

Sign-in/Out Location: Herbert Hall
(Parent's must complete form on back side.)

Fee \$5.00 per child / per three-hour session.
(This fee will help defer the cost of snacks and supplies.)



*The children will enjoy making crafts;
playing games; enjoying snacks
and having a day full of
Christmas fun!*



ST. BERNADETTE CHURCH

Youth Ministry

409 Funderburk Avenue ~ Houma, LA 70364 Office (985) 879-1506 / Fax (985) 876-9654

PARENT PERMISSION and MEDICAL RELEASE

Full Name of Youth/Participant _____ Date of Birth _____

Home Phone# _____ Cell Phone #s _____

Complete Home Address _____

Dear Parent or Legal guardian,

Your daughter/son is eligible to participate in a church sponsored youth activity. This activity will take place under the guidance and supervision of Parish Youth Ministry adult personnel. A brief description of the activity follows.

NAME OF EVENT: **Children's Christmas Fun Day / Parents Day Out**

DESTINATION: **Herbert Hall/Fr. Pat O'Brien Center (Gym)**

DESIGNATED SUPERVISOR OF ACTIVITY: **Ramona P Portero, Confirmation Coordinator**

DATE AND TIME OF EVENT: **Saturday, December 5, 2015 (Sessions 10 a.m. – 1 p.m. &/or 1 p.m. – 4 p.m.)**

METHOD OF TRANSPORTATION: **Parents Drop Off at Location**

APPROXIMATE COST: **\$5.00 per session (Sessions 10 a.m. – 1 p.m. / 1 p.m. – 4 p.m.)**

If you would like your daughter/son to participate in this activity, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named youth.

I hereby consent the participation of my daughter/son in the event described above. I understand that my daughter/son will be under the supervision of the designated supervisor on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

ADDITIONALLY, if my daughter/son is found to be in serious violation of the rules, I agree to travel to the site at my own expense to pick her/him up for immediate return home.

Print Parent or Guardian's Name _____

Relationship to Youth _____

Parent or Guardian's Signature _____ Date _____

MEDICAL RELEASE: I hereby give permission for my child to be administered medical help by a licensed physician in case of an emergency.

Please list TWO (2) Emergency Contacts:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

_____ I do **NOT** have medical insurance for my son / daughter _____ I **DO** have medical insurance for my son / daughter.

If you have medical insurance, please indicate the following:

Family Doctor: _____ Area Code and Phone Number: _____

Company/Policy Name: _____ Policy Number: _____

Does your child have any drug allergies, medical conditions, dietary restrictions, or medications that we should be aware of?

____ NO ____ YES If yes, list: _____

Parent or Guardian Signature _____ **Date** _____