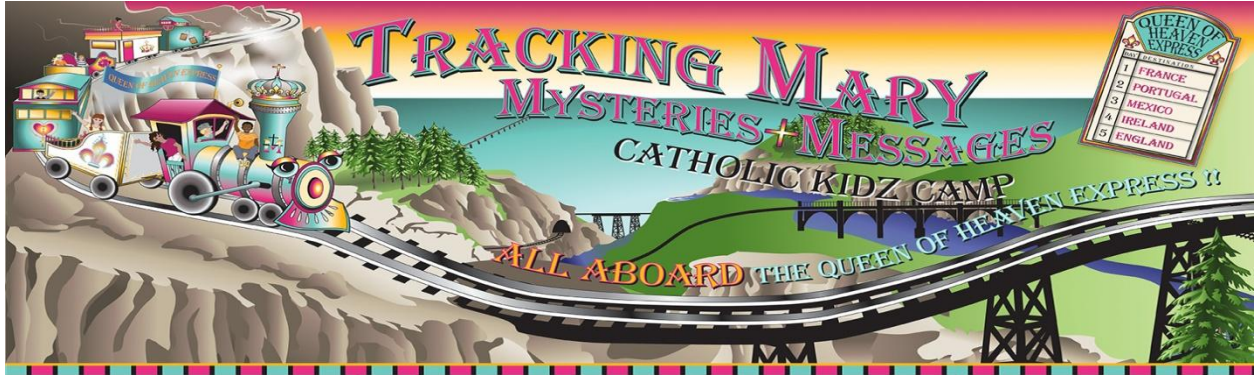


Historic

ST. ANN CHURCH

Founded 1895



Chug! Chug! Chug!
Toot-Toot!!

All aboard! The Queen of Heaven Express is leaving the Station! Get your Golden ticket to “Track” Mary this summer! Discover how Mary brings us closer to Christ through the power of the Rosary! Children will have an amazing time with Skits, awesome Music and different Bible Activities and Crafts!

July 23rd through July 27th 2018

\$25/child

\$50/Families of 3 or more

Grades:

Pre-K through 8th Grade 9:00 am – 12:00 pm
 (*Pre-K :Age 4) : Must be toilet trained)

***Aftercare for Grades K-8**

\$5.00 /child 12:00pm – 3:00 pm

Registration from June 1st 2018 through July 15, 2018

For More information Registration or Volunteer Opportunities Contact:
 Church Office: Veronica Matias (561) 832-3757 ext 304 Religieuse@stannchurch.net
 School Office: Joyce Medley jmedley@saswpb.org

Historic

ST. ANN CHURCH

Founded 1895

Tracking Mary- Catholic Kidz Camp Registration Form

M-F 9:00 am – 12:00 pm\$25.00/Child or \$50.00/3 or more

Aftercare M-F 12-3:00 pm\$5.00 / Child

(Child must bring Lunch only Morning Snack provided)

Name of Parents/Guardians: _____

Address _____ City _____ Florida, Zip _____
Email _____@_____
Phone: Home _____ Work _____ Cell _____

Participant Name: _____ **Age** _____ **Grade** _____
Participant Name: _____ **Age** _____ **Grade** _____
Participant Name: _____ **Age** _____ **Grade** _____
Participant Name: _____ **Age** _____ **Grade** _____
Participant Name: _____ **Age** _____ **Grade** _____

Photograph and/or Videotape Consent & Release

I, _____, (parent/guardian) certify that I am the parent or legal guardian of the above-signed participants and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against St. Ann Catholic Church as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participants, including without limitations any claims arising as a result of the participants leaving the supervision of St. Ann Catholic Church. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian: _____ Date: _____

Catechetical Program Medical Release Form

I, _____, (parent/guardian) give St. Ann Catholic Church Religious Education and its designated representative permission to transport and sign all forms related to the necessary medical treatment for: _____ (children)

I also permit any and all required medical treatment to be administered by qualified medical personnel, including calling 911. I understand the parish of St. Ann is not responsible for expenses that may arise from such treatment.

Emergency Contact-

Name: _____ Relationship _____

Address: _____ Phone: _____

Preferred Hospital: _____ Doctor: _____ Phone: _____

List all medications your children are taking (indicate for which Child and condition):

List all known allergies and medications your children are allergic to: _____

Please also indicate any health conditions or special care information necessary to ensure the appropriate medical attention is provided: _____

Parent/Guardian: _____ Date: _____

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