

St. Paul the Apostle 4th Annual...

RETREAT DAYS

(For students entering grades 4-8)

3-DAY WORK CAMP

(For students entering grades 9-12 and graduated Seniors)



Catholic with a Capital “C” Retreat Days

- Students will discover something new and exciting about their Catholic Faith
- Explore Jesus’ love for each of us!
- Look at social media and how to “unplug” once in awhile!
- Learn and have fun, too!
- Lunch, dinner and snacks provided

4th & 5th Grade

Tuesday, July 5
10 a.m.-6 p.m.

6th & 7th Grade

Thursday, July 7
10 a.m.-6 p.m.

8th Grade

Tuesday, July 12
10 a.m.-6 p.m.

COST: \$15 per student

PLACE: St. Paul the Apostle Church

3-Day High School Work Camp

Students will meet at St. Paul in the morning for prayer and instructions, then carpool to sites around the city for service projects. The campers go back to St. Paul in the afternoon for discussions, dinner and FUN before returning to their homes for the night.

When: Tuesday, July 26—Thursday, July 28: 9:30 a.m.—6 p.m.

Cost: \$50 per Camper

(Space is limited to the first 15 students from each parish!)

TO REGISTER: Complete the enclosed Registration Form and Parent Consent Form and return with your check made payable to St. Paul the Apostle Church to:

ST. PAUL THE APOSTLE CHURCH
ATTN: BETH KOLENDA
2750 BURTON SE
GRAND RAPIDS, MI 49546

QUESTIONS? Call Beth at 949-4170, ext. 243 or email bkolendaspa@yahoo.com

RETREAT DAYS & WORK CAMP REGISTRATION FORM

Circle all that apply and write 1 check and use 1 form for multiple students.

RETREAT DAYS:

July 5— 4th & 5th Grade

July 7— 6th & 7th Grade

July 12—8th Grade

COST: \$15 PER STUDENT

3-DAY HIGH SCHOOL WORK CAMP

July 26-28

COST: \$50 PER STUDENT

(Please make checks payable to St. Paul the Apostle Church and mail to address on flyer no later than 2 weeks before the event.)

Student(s) Name: _____

Address: _____

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your child is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school/parish premises. This activity will take place under the guidance and supervision of employees from St. Paul the Apostle Parish. A brief description of the activity follows:

Name of Event: Retreat Day or 3-Day Work Camp

Destination: St. Paul the Apostle Parish

Designated Supervisor of Activity: Beth Kolenda, Director of Faith Formation/Youth Ministry

Date & Time: July 5 (4th & 5th grade) July 7 (6th & 7th grade) July 12 (8th grade)
July 26-28 (3-Day Work Camp) **Please circle all that apply!**

Method of Transportation: Students provide own transportation to and from event.

Cost per Student: \$15 (Retreat) or \$50 (Work Camp)

STATEMENT OF CONSENT/MEDICAL RELEASE

I hereby consent to participation of my child(ren):

in the event described above scheduled for **July 5 July 7 July 12 July 26-28, 2011. (Circle all that apply).** I understand that a portion of the event may take place away from the school/parish grounds. I further consent to the conditions stated above on participation in this event, including method of transportation.

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless St. Paul the Apostle Parish/School, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize St. Paul the Apostle Parish/School to obtain necessary medical treatment for my child in case of illness, injury or accident. List allergies, medication, contacts or other pertinent comments:

During this event, I can be reached at _____.

I certify that I am the (check one) custodial parent legal guardian of the minor child(ren) named above and I agree to the above terms for myself and for my minor child.

(PRINT PARENT'S NAME)

(PARENT'S SIGNATURE)

(DATE)