

**Matthew 19: June 24th- 27th**

We (Deacon Michael and Seminarian Daniel) are offering a Catholic catechesis day camp at St. Boniface. It will begin each day at 8:00 a.m. and go until 12:00 p.m. The camp is open to children grades 1-4. Each day will consist of classes, games, songs, opportunities for confession, and Mass. The camp will have a nice balance of learning and fun. The teaching will have a big emphasis on the story of salvation history and how have a personal prayer life. The camp will take place primarily in the Oak and Acorn rooms below the church. Registration cost is \$5 per child. Registration forms can be accessed on the parish website under "Quick Links," or are available at the parish office.

Any high school volunteers would be greatly appreciated!

## Matthew 19: 2019 St Boniface Informational Flyer

### MATTHEW 19

*Jesus said, "Let the children come to me, and do not prevent them; for the kingdom of heaven belongs to such as these."*

- *Matthew 19:14*

**Who is this for?** Entering into Grades 1-4

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**Daily snacks are provided.** (please let us know if your child has any food allergies, or other allergies)

**When?** Monday-Thursday, June 24-27

**Time:** 8:00-Noon

**Where:** St Boniface, lower level of church

- **Check in;**
  - **M, T, W, Th; between 7:45-8:00**, a.m., in the lower level of church, oak room
  - **PARENTS;** sign your name, time and check mark by child(rens) name, to verify your child is in attendance; Also, please let us know if you are having your someone else pick up your child and name
- **Pick up**
  - **M- Th; at Noon (after Mass ends)**
  - **PARENTS,** at time of pick up sign your name and time to verify that you have picked them up.

**COST: \$5.00 PER CHILD.** This covers the cost of the daily snacks, daily crafts, folders, handouts

- Payment can be made in cash or via a check (**made to St. Boniface, notation: Matthew 19**)

**PRE-REGISTRATION; is appreciated and encouraged, for planning, thank you.**

- Anytime before the beginning date (June 24th)
- Remember the office closes at noon on Fridays.
- Complete one registration form for each child that will be attending
- Forms are available in the parish office, or, contact Daniel McGrath by email for a form
- Return the form(s) and the payment **to the parish office.**
- Make the check out to St. Boniface, in notation area write "Matthew 19":

**WHAT IF I MISS THE PRE-REGISTRATION DATE CAN, I STILL BRING MY CHILD (CHILDREN)?**

- **YES**
  - Registrations can be done the day of the first session, but please arrive to the church 15 minutes early.
- **We want to** assure we have enough crafts and snacks for your child(children) If you can't turn in the form early, at least let Daniel know *the names, grade level, ages and allergies of the children you plan to register. Then, on Monday June 24th, bring the form and payment*

If you have questions or need to contact Daniel, email him at [dmcgrath@dio.org](mailto:dmcgrath@dio.org)

Question? Contact Seminarian Daniel McGrath: Email [dmcgrath@dio.org](mailto:dmcgrath@dio.org)

IF YOU HAVE MORE THAN ONE CHILD ATTENDING Matthew 19, PLEASE COMPLETE A FORM FOR EACH CHILD.

STUDENT \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_ Gender: M F

PARISH: (circle one) St. Boniface; Yes, \_\_\_\_\_ Other? \_\_\_\_\_

If other, write in the Parish Name: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (if address is the same, write in "same")**

Name of Father/ or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name of Mother /or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ / Cell phone \_\_\_\_\_

**MEDICAL: Allergies, special needs**

Please explain any medical or physical problems including all allergies which we should be aware of; or any special needs/circumstances that may relate to your child:

\_\_\_\_\_

**EMERGENCY CONTACTS**

# 1 Name \_\_\_\_\_

Relationship \_\_\_\_\_ Contact number \_\_\_\_\_

# 2 Name \_\_\_\_\_

Relationship \_\_\_\_\_ Contact number \_\_\_\_\_

**MEDICAL RELEASE**

In case of emergency and a parent or emergency contact cannot be reached by phone,

I authorize any teacher/sponsor to obtain medical treatment for my child (children) name(s)

\_\_\_\_\_ I understand that as the parent/guardian

I am responsible for medical expenses incurred.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTOGRAPH RELEASE**

During Matthew 19 we will have the opportunity to take photos of children engaged in activities. We need your permission to use photos of your child on the St. Boniface Parish Web Site and in other communications such as, but not limited to; Parish publications (e.g., bulletins, brochures), print advertising and media relations. Your child's name will not be used.

Yes, I GIVE MY PERMISSION for St. Boniface Parish to use photographs of my child/ children(names)

\_\_\_\_\_ to illustrate activities of the program such as, but not limited to: Parish publications (e.g. bulletins, brochures), St. Boniface Parish Website, print advertising and media relations that promote the program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

No, I DO NOT GIVE MY PERMISSION for St. Boniface Parish to use photographs of my child /children(names)

\_\_\_\_\_ to illustrate activities of the program such as, but not limited to: Parish publications (e.g. bulletins, brochures), St. Boniface Parish Website, print advertising and media relations that promote the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

