



SPIRIT DAY

for

Any youth working on:

Angel on My Shoulder

Child of Mary I

Family of God



Limited space - first 50

Saturday

DATES: December 13, 2008
PLACE: Katharine Drexel Motherhouse
 1663 Bristol Road
 Bristol, PA
TIME: **Two Sessions** 9:00 AM to 12:00 PM or 1:00 PM to 4:00 PM
COST: \$10.00
BRING: Permission form, workbook, pen, pencil, camera.
Provided: 1 snack, emblem, prayer cards, craft materials, and folders.
 Requirements being covered are listed below.

RegistrationDeadline **November 28, 2008** **Please no siblings.**

REQUIREMENTS COVERED

ANGEL ON MY SHOULDER

Section IV Good News Angels
 A - Story of the Annunciation
 B - Story of Joseph
 C - Story of the Birth of Jesus
 D - Story of the Shepherds

CHILD OF MARY I

Section 2 Part 2
 Section 3 Part 2
 Section 4 Part 1, 3

FAMILY OF GOD



Chapter 1
 # 10 - Celebrations & Traditions
 Chapter 2
 # 2 - Write a Prayer
 Chapter 3
 # 5 - Prayer Service
 Chapter 6
 # 3 - Prayer Service

SPIRIT DAY PERMISSION FORM

NAME _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

PARENT'S NAME _____

I CAN BE REACHED AT _____

IN CASE I CANNOT BE REACHED
EMERGENCY CONTACT _____

RELATIONSHIP OF EMERGENCY CONTACT _____

EMERGENCY # _____

ALLERGIES _____

If your child is taking any medications please list them here and include a signed paper with dosage and times to be taken.

Any other special needs we should be aware of _____

My child _____ has my permission to participate in the Spirit Day
on _____, at _____. I am familiar with the time, place,
leadership and other circumstances of the Spirit Day.

I waive and release the Office for Youth & Young Adults and the group leaders and staff members from any and all possible claims for injury to person or property which might arise in connection with my child's participation in this program, except in the case of gross negligence. I understand that reasonable measures will be taken to safeguard the health and safety of my child, and that I will be notified as soon as possible in case of an emergency. In the event of sickness or accident, I authorize consultation with a Doctor and the provision of such medical services as necessary, I will underwrite all expenses involved which are not covered by the insurance. I hereby authorize this in the event I cannot be reached in an emergency. I also give permission for pictures taken during the Encounter to be used to publicize this event.

Signature (Parent or Legal Guardian) _____

Date ____/____/____