

ST. JOSEPH'S CATHOLIC CHURCH and the **MILITIA OF THE IMMACULATA**
Present



“One Heart and One Mind...with Mary”
Children’s Marian Retreat

Saturday, February 6, 2010 * after the 8:00am Mass until 5:00pm

*This retreat is for walking children through 6th Grade (age 12).
A room for parents with non-walking infants is provided in the Adult’s Silent Retreat
Please register for the Adult Retreat separately.*

**Space Limited: 65 registrations for Kindergarten through 6th Grade 6
30 registrations for Toddlers thru Pre-School**

Parents Provide a Bag Lunch for each Child

REGISTRATION CLOSES FOR CHILDREN’S RETREAT ON FEBRUARY 1, 2010

PARENT CONTACT INFORMATION

Last Name	First Name	Street Address	City	State	Zip
()	()	()			
Home Phone	Work Phone	Cell Phone	Email Address		

CHILDREN’S NAMES

FIRST NAME	LAST NAME	Walking Toddler	K-6	Gender	DOB	FAMILY DOCTOR & NUMBER	SPECIAL NEEDS EX: hearing, speech, vision, & physical, social, emotional
(sample)Miriam	Joseph	no	X	F	12/08/00	Dr. Augustine;526-7777	asthma

NOTE: No medications will be given at the Retreat. Parent must administer medication, if necessary.

Number Attending _____ x \$5.00 = Total Due \$ _____ **

****Payment is respectfully requested separate from the Adult Retreat for accounting purposes.**

Send Registration to:
**Children’s Marian Retreat
St. Joseph’s Catholic Church,
1813 Oakdale Rd, Modesto, CA 95353**

For Office Use Only

PAYMENT METHOD: Cash _____ Check No. _____ Other _____

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MEDICAL RELEASE

I give consent to any licensed physician or medical facility to give necessary medical service to all children noted on reverse. I also give consent for any or all of my children to be transported by ambulance to the nearest Emergency Center for treatment if necessary.

***PARENT/GUARDIAN SIGNATURE _____ DATE _____**

IDEMNIFICATION STATEMENT

My children and I agree to participate in this retreat knowing that proper safety precautions will be taken, but realizing that there is inherent risk involved in recreation activities, and realizing that the annual St. Joseph’s and Militia of the Immaculata Retreat is not providing accident or hospitalization insurance for the participants of this retreat. I do hereby release and hold harmless St. Joseph’s Catholic Church, it’s officials, employees, agents and volunteers from any and all liabilities (including attorney fees and court costs) arising from any injuries that might occur during the supervised retreat.

***PARENT/GUARDIAN SIGNATURE _____ DATE: _____**

If there is any other information you feel we should know, please note it on the following lines:

I would be grateful to participate in my child’s retreat by:

- Clean-Up after Retreat ~ *Your help is really appreciated here!*
- Pre-Retreat Preparation
- Baking Snacks Prior to Retreat
- Pre-Retreat Set-Up: Friday Evening _____ or Saturday Morning _____
- Volunteer at Children’s Release Table (3hrs shifts) 9a-12n____ 12n-3p____ 3-6____
- Help Sign-In Children in the Morning _____
- Help Sign-Out Children in the Afternoon _____
- Storytelling (Toddler)
- Music & Movement (Toddler)
- Help with Co-Operative (K-6) Games in the Morning _____ or the Afternoon _____
- Work as an Aide Toddler _____ K-6 _____
- Act as a “Runner” Between Retreat Buildings
- Rocking Toddlers
- Provide financial support for another children to attend retreat \$ _____