ST. SIMON THE APOSTLE PARISH

DATE:	August 5 – Augus	t 9, 2019	A STATE OF THE STA
TIME:	9:30 AM - 12:00 I	PM	Here
PLACE:	St. Simon Plagge	Hall	TO ARS
COST:	•	oor Box is designated f	
		hool to help cover cost	
A GEG		tions are greatly appr	eciated!
AGES:	Pre School (age 4)		
	(entering 5th grade		
	Grade 6 and older	are eligible to voluntee	er.
Students wi	ill discover that life with	God is an adventure full o	f wonder and surprise, and that they
		od to be with them through	
	Do gumo to moule o t	ahiut fau aaah nautisi	nent and volunteer
	De sure to mark a t	-shirt for each partici	pant and volunteer.
We have	Youth Sizes YS, Y	M, YL and Adult Size	s AS, AM, AL, AXL, AXL2
Participant's	s Name	T-shirt Size	Grade in Aug. 2019
Participant's	s Name	T-shirt Size	Grade in Aug. 2019
Participant's	s Name	T-shirt Size	Grade in Aug. 2019
Participant's	s Name	T-shirt Size	Grade in Aug. 2019
** Student \	Volunteer Name	** T-shirt Size	Grade in Aug. 2019
** Student \	Volunteer Name	** T-shirt Size	Grade in Aug. 2019
** MANI	OATODV MEETIN	C Voluntoors or ro	quired to come to one of the
		at 9:30am or A	
rono wing	moonings. Vary 31	ut 3.30uiii oi 11	agast 1 at 7.00pm
Parent Name	e	Ph	one
Address			
	·	ZI _I)
E-mail			

Please fill out REVERSE side also!
To Guarantee Supplies Please Respond by July 12, 2019

Can you (parent) volunteer to help? Yes ____ No ____ T-shirt Size ____ Days ____ Adult Volunteers need VIRTUS Training – call Beth Schumacher at 941-3656 for details.

Our service project for the wee	k will be collecting money for the Cincinnati			
Observatory. We will have a co	ontest between the groups, as to who donates the			
most money. We will collect different money on each day:				
Monday	Pennies			
Tuesday	Nickels			
Wednesday	Dimes			
Thursday	Quarters			
Friday	Any money			

Each day we will start in Plagge Hall where the children will get their name tags, deposit their items for the day, and any announcements will be made. We will have lessons, music, crafts, games, science activities and snacks. The children will need to be picked up in Plagge Hall each day. We ask for the safety of the children, that parents come IN to Plagge Hall and pick their children up.

*** While the program is going on <u>PLEASE</u> refrain from talking to other parents so that everyone can hear what is being said. ***

Mail this form to:	Or drop in collection basket.	Or contact:
St. Simon Parish		Beth Schumacher
825 Pontius Road		941-3656
Cincinnati, OH 45233		mbschumacher@fuse.net
Please let us know if your	children have any allergies, as we	will be having a daily snack.
Child	Allergies	
Physician	Phone	
Emergency Contact Name	·	Phone
(0.1 .1		
(Other than parent – pa	rent will be called first! This is if we canno	t get a hold of parent)
In case of accident or illne	ess, I request that the representative	of the parish Vacation Bible
In case of accident or illne School program contact m	ess, I request that the representative ne. If I am unable to be reached, I l	e of the parish Vacation Bible nereby authorize this
In case of accident or illness School program contact materials representative to call the program contact materials.	ess, I request that the representative ne. If I am unable to be reached, I leady oblysician indicated and to follow the	e of the parish Vacation Bible nereby authorize this he physician's instructions. If it is
In case of accident or illne School program contact m representative to call the p impossible to contact this	ess, I request that the representative ne. If I am unable to be reached, I lead only sician indicated and to follow the physician, the representative of the	e of the parish Vacation Bible nereby authorize this he physician's instructions. If it is a parish Vacation Bible school
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In case of accident or illness School program contact many representative to call the program may make whate responsibility for any diagonal contact this program may make whate responsibility for any diagonal contact this program may make whate responsibility for any diagonal contact this program may make whate responsibility for any diagonal contact the contact t	ess, I request that the representative ne. If I am unable to be reached, I leading to the physician indicated and to follow the physician, the representative of the over arrangements seem necessary. Smosis, treatment and/or medication	e of the parish Vacation Bible hereby authorize this he physician's instructions. If it is a parish Vacation Bible school I agree to assume the financial deemed necessary.
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