

## *Saint Nicholas' Workshop*

**Saturday, December 7, 1-4 pm**

Let Saint Nicholas' helpers have some festive fun, while Moms and Dads get holiday work done!

**Parents:** Don't miss out on this cost-free opportunity to let your children enjoy some holiday fun! All parishioners **up to 5<sup>th</sup> grade** are invited to this fun event to do crafts, hear stories, play games, and watch videos. Adults and youth from the parish will be on hand to keep the youngsters busy and safe.



**Teens and Adults:** This event is not only an enjoyable experience for kids! Each year, teens and adults have a blast leading and assisting the children in their activities throughout the day. Whether you are an energetic motivator or a creative thinker, we need your help!

**To register, please return the attached permission slip to the Faith Formation Office or place in the folder in the Gathering Space NO LATER THAN:**

**Wednesday, December 4<sup>th</sup>.**

**Space is limited to 50 "little elves",  
so sign them up TODAY!!!**

**OUR LADY OF THE ASSUMPTION CHURCH  
LATHAM, NY  
PARTICIPANT RELEASE AND CONSENT FORM**

<b>EVENT:</b>	<b>Saint Nicholas' Workshop</b>
<b>DATE:</b>	<b>Saturday December 7<sup>th</sup>, 2024 1-4PM</b>
<b>LOCATION:</b>	<b>OLA</b>

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Guardian:**

I, \_\_\_\_\_, give permission for my son/daughter,

\_\_\_\_\_, to attend the above-mentioned activity, and if needed, to be evaluated, diagnosed treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish of Our Lady of the Assumption of all responsibility and consequences that may arise as the result of this treatment. I will not hold Our Lady of the Assumption Parish or chaperones or representatives responsible in the event of injury. Further I agree to accept all financial responsibility as a result of scheduling such treatment.

My child agrees to abide by all rules and regulations decided upon by the parish. If my child fails to abide by such rules, he/she may be dismissed from the activity and I will be responsible for his/her transportation home.

X \_\_\_\_\_

**Signature of Parent or Guardian**

**Date**

\_\_\_ I would like to stay with my child on the day of Saint Nick's Workshop.

I can be contacted at: # \_\_\_\_\_ or e-mailed at \_\_\_\_\_

**MEDICAL INFORMATION:**

**Allergies** \_\_\_\_\_ **Required medications** \_\_\_\_\_

**Special Medical Conditions** \_\_\_\_\_

**Tetanus Booster UP-TO-DATE?** Y \_\_\_\_\_ N \_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**In case of emergency, parents/guardians may be reached at: Phone #** \_\_\_\_\_