

St. Paul Parish Young Church Halloween Lock-In

Arrival: 4:30pm on Saturday October 26^h

Departure: 10:00am on Sunday October 27th

I will be arriving at a different time Time: _____

I will be departing at a different time Time: _____

I will be driving myself

My parent or sibling will be picking me up

Somebody other than my parent or sibling will be taking me home Name: _____



As the Young Church, it our responsibility to be a living part of our church community. We will be helping with the 5:30 Mass on Saturday the 26th. Please let us know what part(s) of the mass you would be happy to help with. Feel free to mark more than one.

- Greeter/Usher (bring up the gifts)
- Reader
- Extraordinary (Eucharistic) Minister (Must be Confirmed and up to date on trainings)
- Choir participant

After Mass we will be having pizza for dinner. Please let us know if you have any allergies.

Allergies/Dietary Restrictions: _____

Medications: _____

If you are able to bring anything for the lock-in please let us know what you could help with.

- Evening snacks
- Drinks
- Breakfast foods

The lock-in is a chance for us to spend time together listening to music, playing games, and watching movies. Please let us know if these movies are acceptable for you to watch or if there are others you would like to suggest that you could bring. All movies must be G or PG.

- The Nightmare Before Christmas (PG)
- Hocus Pocus (PG)
- The Worst Witch (G)
- Casper (PG)
- Halloweentown (TV-PG)
- Harry Potter (PG)
- Coco (PG)

Other suggestions:

We will be talking about All Soul's Day and Dia De Los Muertos so please bring a picture of a loved one who has passed on from this life. Could be an ancestor, family member, friend, pet, etc.

Participants Name: _____

Grade: _____

Participants Signature: _____

CHURCH EMERGENCY INFORMATION FORM FOR STUDENT/YOUTH

CHILD'S INFORMATION

Name: _____ Date of birth: _____

Grade level: _____ Address: _____

City: _____ State: _____ Zip: _____

Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s) Email: _____

Person(s) to notify in case of an emergency:

Name: _____ Phone 1: _____

Name: _____ Phone 1: _____

Name: _____ Phone 1: _____

Family physician: _____

Phone: _____

Allergies (food, drugs, insects, etc.): _____

Is child presently on any medications? Yes No If yes, please state below:

Name: _____ Dosage: _____

Reason for medication: _____

Prescribing physician: _____

Phone: _____

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child:

INSURANCE INFORMATION:

Name of medical insurance company: _____

Group or identification number: _____

I authorize the Church/School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Church/School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature: _____

Date: _____ PLEASE UPDATE THIS FORM ANNUALLY AND RETAIN IN STUDENT/YOUTH FILE EIY 09/17