St. Thomas Aquinas Parish Presents

Sing God's Praise!

Dance for Joy!

Walk with Jesus & His Family!

Summer Camp for

Music, **Drama**, **Dance** & **Scripture**

August 1-5 & August 8 - 12, 2016

9:00 a.m. to Noon

Our Lady of the Rosary Hall

Directed by: Susan Lee Olsen

Learn to sing! Learn to act! Learn to dance! Draw & Craft!
Learn to pray and worship through movement and song!
Learn about Jesus ancestors as we build a Jesse Tree!
Join us for one or both weeks!
Children ages 6 through 12 are welcome! Cost: $50 per week.

Contact Susan at suolsen@dsj.org or in the Pastoral Center (650-494-2496, ext. 25) for more information.

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Registration Form

Mail Completed form to Susan at the Pastoral Center 3290 Middefield Rd, P.A. 94306
Make checks payable to St. Thomas Aquinas Parish

Name: _____ Address: _____

Phone: _____
(Home) (Cell) (Work)
Email:_____ Registering for Both Weeks ____
Week 1_____ Week 2_____

I am most interested in learning:
____ Music _____ Drama _____ Dance
____ I play a musical instrument
____ I have singing experience
____ I take dance classes
____ I have been in a play or musical

If you checked any of the above lines, please say more about your experience.
_____
_____
_____

EMERGENCY INFORMATION AND RELEASE FORM

Child's Name: _____ Site & Grade: _____ Birth Date: _____

Please list *any special needs: learning, cognitive or physical; medications, allergies*, **etc. below:**
_____

In the event of serious illness or injury, when I cannot be reached, I wish one of the following persons to be notified. They are authorized to act in my absence, and will be informed that their names have been used on this form. In the event that no one can be reached, I authorize the Director of Catechetical Ministry or authorized supervising adult to seek medical help for my child. (Do not list parent or guardian; it must be someone nearby who can be reached quickly in your absence.)

1. _____
   Name Phone Relationship
2. _____
   Name Phone Relationship

In the event of serious illness or injury can we contact your family doctor or dentist? Yes ( ) No ( )

Doctor/Medical Group _____ Phone _____

Dentist _____ Phone _____

Parent/Guardian: _____
Print Name Signature Date