

Permission Slip

Must be filled out and signed by parent or guardian for all children under the age of 18

1. Child's name _____ Age _____ Grade _____

Food allergies, medical conditions, or other special needs _____

2. Child's name _____ Age _____ Grade _____

Food allergies, medical conditions, or other special needs _____

3. Child's name _____ Age _____ Grade _____

Food allergies, medical conditions, or other special needs _____

Parent/guardian names _____

e-mail _____ Phone number _____

Emergency Contact _____ Phone number _____

I give permission for these children to participate in the 2010 Children's Day at the Cathedral and/or Children's Day at the Coast as indicated. I do hereby release, hold harmless and covenant not to sue the Episcopal Diocese of Oregon, Trinity Cathedral, St. Luke's by the Sea and all employees and volunteer leaders involved in this event. Nor shall said persons be held financially responsible for any injury, illness, or death incurred as a direct result of this activity. I recognize the risks involved, understand all terms, and consent to these conditions. I remain fully liable for any legal responsibilities that may result from actions taken by my child. I give permission for my child to be photographed participating in this event. In the event of an emergency, and I cannot be contacted, I hereby authorize emergency treatment to be administered.

Signature of parent/guardian _____ Date _____

REGISTRATION DEADLINES are February 22 for Children's Day at the Cathedral and April 26 for Children's Day at the Coast. For further information, please contact Barbara Ross at barbarar@diocese-oregon.org, 971-204-4111 or 1-800-452-2562x111.



Children's Day 2010

**Children's Day
at the Cathedral**

**Saturday, February 27
9:00 AM - 3:00 PM
Trinity Cathedral Portland**

**Children's Day
at the Coast**

**Saturday, May 1
9:00 AM - 3:00 PM
St. Luke's by the Sea, Waldport**

Welcome...

to the 5th Annual Children's Day Events

This year's theme, *Come Holy Spirit: Wind and Fire*, invites children in grades K-5 and the adults who care for them to engage in a full day of hands-on science, music, drama, arts and crafts, games, and worship. There must be at least two adult chaperones with every group of children. Teens are welcome to come as helpers, and childcare will be provided for preschool children.

The program will be held Saturday, February 27 at Trinity Cathedral in Portland and repeated on Saturday, May 1 at St. Luke's by the Sea in Waldport. Children's Day begins at 9:00 a.m. Parents, grandparents, and friends are invited to the closing worship which will begin at 2:15.

Cost is \$5 per person which includes snacks and lunch. Scholarships are available. Each person is invited to bring a penny for every year of their age.

To register, fill out the attached form and fax or mail it to:

Children's Day
Diocese of Oregon
11800 SW Military Lane
Portland, OR 97219
Fax: 503-636-5613

This brochure also may be downloaded from the diocesan website at www.diocese-oregon.org.

For further information, please contact Barbara Ross, Missioner for Lifelong Christian Formation at 971-204-4111 or 1-800-452-2562x111 or barbarar@diocese-oregon.org.

Registration Form

Please check the event you will be attending:

_____ Children's Day at the Cathedral: Saturday, February 27 at Trinity Cathedral

_____ Children's Day at the Coast: Saturday, May 1 at St. Luke's by the Sea, Waldport

Name of congregation _____

City _____ Zip _____ Phone number _____

Children who will be attending children's day:

Last name	First name	Name for nametag	Age	Grade
-----------	------------	------------------	-----	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Adult(s) who will be accompanying the children:

Last name	First name	Name for nametag	Phone number
-----------	------------	------------------	--------------

_____	_____	_____	_____
-------	-------	-------	-------

Teen(s) who will be attending as extra chaperones

Last name	First name	Name for nametag	Age	Grade
-----------	------------	------------------	-----	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Preschool children registering for child care

Last name	First name	Name for nametag	Age	Parent
-----------	------------	------------------	-----	--------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

PAYMENT DUE WILL BE \$5.00 per PERSON (preschooler, child, teen, adult)

Maximum \$15 per family. _____ people at \$5.00 per person = \$ _____

Payment will be collected at the door. Please make checks payable to the Diocese of Oregon.

Please fill out the permission slip on the back of this form!