

Holy Rosary Summer Faith Camp for Children

for boys and girls aged 6 - 13

A Midleton Parish initiative



Dates: 9th - 13th July 2018

9:30am - 2:30pm each day

Venue: St Brigid's P.S.

www.midletonparish.ie/faith-camp

Cost: €40 for first child in family, €30 for additional children. More Info: Tel Fr Eamon Roche on 086 9972539. Application forms available in Parish Office.



The aim of the camp is to give children the opportunity to form a personal relationship with Jesus, through activities such as Arts & Crafts, Drama, Dance and Action Songs, Music, Team Games, prayer and plenty of fun!

The leaders for the week are local volunteers supported by local clergy; young adults who are deeply committed Catholics and all give voluntarily of their time.

In accordance with Cloyne Diocesan Policy, all volunteers will be Garda Vetted.

Dates and Times of Faith Camp: Mon 9th – Fri 13th July 2018. The Camp runs from 9:30am – 2.30pm daily, except for the final day (Friday) when the camp will finish at 12 Noon.

WHAT TO BRING:

Packed Lunch, Rain Jacket, Runners, Sun cap, sun cream.
All other materials will be supplied.

COST OF CAMP:

- €40 for first child & €30 per additional child from the same family.
- If paying by cheque / postal order, please make payable to “Holy Rosary Faith Camp.”
- Please ensure that full payment is made before the first day of the camp.
- The number of places available is limited.
- This is a non-profit venture – money will be used for materials, equipment and subsistence of visiting youth leaders.

ENQUIRIES AND BOOKING:

To make further enquiries telephone Deirdre 086 0853535 or Fr Eamon Roche 086 9972539. To book, return this form completed, with fee, to Midleton Parish Office. The office receptionist will give you a receipt for your payment. There is no closing date but book early as there are a limited number of places.

Midleton Parish Office
St Mary's Rd, Midleton

APPLICATION FORM

(PLEASE ENSURE YOU COMPLETE BOTH SIDES OF THIS FORM)

SECTION 1: DETAILS OF CHILD/CHILDREN ATTENDING CAMP

Child's Name	Age	Class for coming yr in school: 2018/19
Address		

SECTION 2: PARENT/GUARDIAN CONTACT DETAILS

Name: _____

Relationship to Child _____

Mobile No: * _____

Please be contactable to collect your child during camp hours should the need arise. Please provide a name and number of person to be contacted if you are unavailable:

Name: _____

Tel. No.: * _____

* please ensure that you have 2 telephone numbers provided

SECTION 3: ANY ALLERGIES/MEDICAL CONDITIONS:

Section 4 : PARENTAL CONSENT

- I have read what is involved in the camp and I consent to my child/children attending

- I give permission for photographs to be taken at the Summer Camp of my child/children to be used on the website, newspapers and any other media for promoting and advertising future camps.

- If a child urgently needs to contact his/her parents then the child may make use of one of the designated camp mobile phones with the assistance of a camp leader. Otherwise, the camp does not permit use of phones.

Parent / Guardian Signature: _____

Date: _____

