



Dear Parents,

St. Mary Coptic Orthodox Church is proud to present the 15<sup>th</sup> annual 2-day retreat for grades **1, 2 & 3**. It will be held on **Wednesday & Thursday, December 26<sup>th</sup> & 27<sup>th</sup>, 2018**. It is our goal to bring our children together and experience two days of Christian love. All permissions slips and payments are due no later than December 9, 2018.

.....The cost of the retreat is \$20 per child attending, which includes all food and activities.....

**\*\*Space is limited. Permission slips and payments are due by December 9, 2018\*\***

- ✝ **There will be a Liturgy Wednesday morning**
  - Make sure to fast to take Communion
  - Deacons, bring your tonias
- ✝ Come ready to learn and have fun. We will...
  - Memorize prayers and verses
  - Learn new songs, play games and activities

If you have any questions, please contact Veronica Azer at (732) 404-7701  
Or your child's Sunday School servant.

Retreat will be held at St. Mary Coptic Orthodox Church activity rooms.

Drop off will be at church on **Wednesday (12/26/18) at 8:00 AM**.

Pick-up will be on the **NEXT day, Thursday(12/27/18), at 5:00 PM**.

Bring: sleeping bag, pillow, pajamas, extra clothes, medication if needed, toothbrush, etc.  
Do NOT Bring: Toys, electronics, snacks, games, etc.

**\*\*Please enclose \$20 per child for retreat expenses (food and activities included)\*\***



**\*\* Space is limited. Permission slips and payments are due by December 9, 2018\*\***

**TRIP: 2-Day Retreat For Grades 1,2, & 3 on Wednesday 12/26/18 and Thursday 12/27/18**

I hereby give permission to \_\_\_\_\_ to participate in the above-described activity organized by St. Mary Coptic Orthodox Church of East Brunswick, New Jersey [the Church].

As the parent/guardian of the above-named child, I fully realize that there are risks inherent in the student's participation in this activity and I assume all such risks. Accordingly, I intending to be legally bound, hereby release and hold harmless the Church, its clergy, servants, agents and volunteers from any and all liability as a result of the student's participation in the activity, or any injury, loss, damage or incident occurring during my child's participation in the activity regardless of any negligence on the part of Church, its clergy, servants, agents and volunteers.

Furthermore, I also grant the Church, its clergy, servants, agents and volunteers, full authority to take whatever action it considers warranted under the circumstances for the student's health and safety. Specifically, in case of a situation requiring medical treatment, I authorize the Church, its clergy, servants, agents and volunteers, at its discretion and at my expense, to place the above-named child in a hospital for medical services and treatment, or if no hospital is available, to obtain medical service and treatment from a doctor. In obtaining, authorizing, and supervising such medical service and treatment, the Church, its clergy, servants, agents and volunteers shall have the discretion to act in the same manner and with the same authority as I could act if present. This authorization is given with the understanding that if a situation arises requiring medical treatment, the Church, its clergy, servants, agents and volunteers will immediately attempt to notify the student's parent/guardian or emergency contact person named below and will continue in its efforts to notify the parent/guardian or emergency contact person until it has succeeded in doing so.

Child's Name:		Grade:	
Mother's Name:		Father's Name:	
Home Phone:		Cell Phone:	
Emergency Contact (Name & Number):			
Does your child have a medical condition that will require special attention? (please explain)			
My child is sleeping over:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature:			Date: