Dear Parents; Oct 5 2017

Your son or daughter is interested in attending our Church based program for youth in grades 6-8 which takes place most Thursdays from 7pm-9pm at St Matthew’s Church, 5208 53rd Ave, Rocky Mountain House. Each night we will address a different faith topic or an issue, in a way that is fun, dynamic, and relevant. Most weeks we meet at the Church, but games are often outdoors in the neighborhood of the church. On occasion we will go as far as the graveyard or once a year to Crimson Lake.

If your child would like to attend any of the youth nights, please fill in and sign the attached Consent Form, and return it to me at the school or the church. Consent forms are good for the entire year, so once students are registered they will not need another form in the winter or spring season. If you have any questions or concerns, please contact me at 403-848-0955 or peter.vankampen@rdcrs.ca. Like us on Facebook at **St Matthew’s Youth Rocky** for updates!

Parent volunteers are always needed! Come check out a night to see how you can help!

In Christ,

Peter van Kampen

Youth Ministry Coordinator- St Matthew’s School

**St Matthew’s Youth Ministry Program 2017- 2018**

Dear Parent Sept. 1 2017

Your prior consent must be given in order that your son/daughter can participate in the field trip to the church, as outlined on the attached information form.

 *Your Signature Will*

* *Authorize your son/daughter’s participation in the field trip.*
* *Indicate that you have been fully informed about the field trip and do not require any further information.*
* *Accept responsibility for payment of any costs involved in the trip.*

**Please return form to School or to St Matthew’s Parish during youth programs.**

**To: Peter van Kampen**

Re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*Name of Student)*

**I acknowledge the participation of my son/daughter in the proposed field trip to St Matthew’s Parish, Rocky Mountain House, for the Thursday Evening Youth Ministry programs in the 2017-2018 school year.**

Required Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Alert (please be aware of the following)

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Parent Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Information about the purpose of the trip, the supervision, transportation, costs, and other arrangements has been provided to me.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Signature of Parent*