



Little Handmaids of the Lord

Learn about the saints and virtues while having lots of fun!

For girls in grades 1-3

Cost: \$20

Where: Rectory Basement

Time: 6:30-8:00 PM

Dates: 1st Monday of each month, August—April (except where noted)

Saturday, August 17: St. Margaret Clitherow & Faith

(private swim party at Minster Pool, 5-7 PM)

Friday, September 20: St. Teresa of Avilla & Wisdom

(father/daughter dance at St. Remy Hall, 7-9:30 PM)

Monday, October 7: St. Elizabeth of Hungary & Generosity

Monday, November 4: St. Josephine Bakhita & Silence

Monday, January 6: St. Zelig Martin & Gracefulness

Monday, February 3: St. Elizabeth Ann Seton & Discipline

Monday, March 2: St. Gianna Molla & Docility

Monday, April 6: St. Frances Xavier Cabrini & Discipleship



* Dates and activities may change due to availability. No meeting in December.

Little Handmaids of the Lord Registration Form (for grades 1-3)

Name _____ Grade _____

This program is not possible without your help. We are asking all moms (or grandmas, etc.) to take a turn in helping out at a meeting, as well as contributing to a snack. You will be contacted when your help is needed. Thank you!

The \$20 registration fee for **Little Handmaids (girls grades 1-3)** program will cover the cost of supplies and food. \$80 maximum per family includes both boys' and girls' clubs. If money is a concern, please return the forms without the registration fee. We do not want money to be an issue.

Parent/legal guardian _____

Parent's cell phone number _____ Home phone number _____

Parent's e-mail address _____

I would like to receive text message reminders and updates via Flocknote yes no

I would like to receive email reminders and updates via Flocknote yes no

Activity Information

On-Going Program

Church Agency: **St. Remy Catholic Church**

Program or Group: **Little Handmaids of the Lord**

Registration Fee: **\$20 (Annual Fee) (\$80 maximum per family includes both boys' and girls' clubs)**

Usual Location: **St. Remy Church buildings and grounds; Russia School Gyms, Commons and grounds, and the St. Village Joseph Centre**

Activities for the year include:

Swimming, dancing & music, outdoor games, tea party, food craft, painting, sewing, and more!!

Group Leader **Gina Hoying** Telephone No. **937-418-2455**

Start: **August** End: **April**

Dates & times:

First Monday of each month, August-April, 6:30-8:00 PM (unless noted below)

Sat, Aug 17, 5-7 p.m., Fri, Sept 20, 7-9:30 p.m., Mon, Oct 7, Mon, Nov 4, Mon, Jan 6, Mon, Feb 3, Mon, Mar 2, Mon, Apr 6.

Please return the following documents by Wednesday, August 14th to the St. Remy office:

- 1. Registration Form and Permission Slip (front & back)**
- 2. Emergency Medical Form (one per child)**
- 3. \$20 Registration Fee (\$80 per family maximum includes boys' and girls' clubs)**

If you have any questions, contact Gina Hoying, Director of Youth Ministry Assistant, at ginah@stremychurch.com or by her cell phone at (937)418-2455.

Little Handmaids of the Lord Permission Slip

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 11-2016)

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the activity described on the reverse and release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese (the "Archdiocese"), and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their officers, agents, representatives, volunteers and employees.
2. I further understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate in spite of the risks.
3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
4. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:
 - (i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the child.
 - (ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
5. This power of attorney shall lapse automatically upon completion of the activity and related travel.
6. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions.
7. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Medical Power of Attorney shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent/Guardian _____ **Date:** _____

Home Address _____

Parent/Guardian phone # (work) _____ (cell) _____ (home) _____

Emergency contact name: _____

phone # (work) _____ (cell) _____ (home) _____

Medical Information

All emergency medical information will be collected from St. Remy's annually. If your daughter is not registered for St. Remy Religious Education, an emergency medical form will be required. If any changes to your daughter's medical information occur during the year, please notify the St. Remy office.

(*Available online at stremychurch.com in Tab form.)

All girls joining Little Handmaids (gr 1-3), Daughters (gr 4-6), and Rosa Mystica (gr 7-8) are invited to the Village of Minster swimming pool for a private pool party on Saturday, August 17, 2019, from 5:00-7:00 PM. There is no cost for this event. Please feel free to pack snacks and drinks. Limited concessions will be available to purchase. Transportation is not provided.

Mothers are welcome and encouraged to come and stay even if not interested in swimming.

Thanks in advance for wearing modest bathing suits.

The St. Remy medical release form, registration and permission slip forms must be submitted prior to participating in this event. Please drop off in the parish office by Wednesday, August 14th.

Contact Gina Hoying at 937-418-2455 with questions or concerns.

Date: _____

My daughter, _____, has my permission to attend the private swim party at the Village of Minster swimming pool hosted by St. Remy Church on Saturday, August 17, 2019, from 5:00-7:00 PM. Transportation is not provided.

Parent signature:

In addition to this permission slip, I have turned in the following:

- 1) St. Remy medical release form
- 2) Group-appropriate permission slip and registration form (front & back) and \$20 annual group participation fee

