

PSALMS FOR KIDS

Wednesday evenings 7-8:30pm

6/21, 6/28, 7/12, 7/19, 7/26

OLF Room 203/204

Children ages 8-14

(see reverse side for registration form)

For further details, contact the Office of Evangelization & Faith Formation
@ 410-923-6953



WHAT'S GREAT ABOUT THE PSALMS?

It is important for children to get familiar with the Psalms. They can begin at an early age to do what dozens of generations have done before them - been brought closer to God by words of praise, faith, and encouragement, written by King David and the other psalmists.

We will cover the following lessons:

- What's Cool and Amazing about the Psalms?
- Psalms for Comfort in Times of Trouble
- Psalms for Times of Doubt (& knowing what to do)
- Psalms for Knowing God Better

Snacks



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Registration and Medical Release Form

Family Name: _____

Address: _____

Phone: Day: _____ Cell: _____

Email Address: _____

(Confirmation of receipt of registration will be emailed to you)

Please complete for youth under 18:

Event Name: Our Lady of the Fields Summer Bible Series Dates: June 21-July 26, 2017

I, the undersigned parent or legal guardian of: _____

(a minor), do hereby authorize adult volunteers of Our Lady of the Fields Faith Formation or adult staff members of Our Lady of the Fields to obtain medical care from a licensed physician, hospital, or medical clinic for my child in the event that I cannot be reached. I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY Our Lady of the Fields Church, any of its ministries or leaders, the Division of Evangelization and Catechesis, the Roman Catholic Bishop of Baltimore and his successors, A Corporate Sole, and all their agents, servants and employees from any liability, claims and causes of action arising out of my child's participation in the program.

(Check one of the following)

I am covered by hospitalization and medical insurance under policy:

_____ issued by _____

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my child(ren).

Please list any medical information concerning medications, allergies, or dietary restrictions, etc.

Does your child(ren) have any special needs?

NO YES If yes, please explain: _____

Parent/Legal Guardian: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

E-Mail: _____

In the case of an emergency, and I cannot be reached, please contact:

<i>Name</i>	<i>Phone</i>	<i>Relationship</i>

I allow my child to be photographed/videotaped. No individuals will be identified by name if photo is used.

Parent/Legal Guardian Signature

Date