

# ***BLAST* 2016-17**

***(grades 1-8)***

Not just because they have a ***BLAST*** but also to Believe, Learn And Seek Truth.

*An exciting program has been developed at St. John Vianney Parish due to the awesome response to our successful summer camps.*



*It's about:*

- *Making friends*
- *Getting involved*
- *Having fun*
- *Crafts*
- *Singing*
- *Being active*
- *Growing closer to God.*

**\$25.00/child Includes BLAST T-shirt & craft materials/snacks for 2016-17. WOW!!!**

Be apart of this exciting group and wear your BLAST T-SHIRT with pride. Wear it on every BLAST Saturday as part of the team. T SHIRT is included in price.



<b>DATES (2-6pm)</b>	<b>MARK THESE DATES ON YOUR CALENDAR.</b> (All BLAST dates celebrate Mass at 5-6pm)
November 12, 2016	Our 1st BLAST after Summer camp.
December 3, 2016	This is our Parish Christmas Party for Children. Included in the cost of registration.
January 7, 2017	Winter BLAST.
February 18, 2017	Valentine's Day.
March 25, 2017	Lenten Journey for KIDS
April 22, 2017	EASTER * Resurrection * All things New.
May 20, 2017	Our Last BLAST... Until 2017 St. John Vianney SUMMER CAMP.



# St. John Vianney Parish 2016-17 BLAST Registration Form

Deadline November 1st, 2016. Hand into Church Office

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Parent(s) or Legal Guardian(s) Name \_\_\_\_\_

In case of an emergency: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ TEXT? YES or NO

GENDER: M \_\_\_\_\_ F \_\_\_\_\_ DATE OF BIRTH: day \_\_\_\_\_ mm \_\_\_\_\_ year \_\_\_\_\_ AGE ON Sept 6th , 2016: \_\_\_\_\_ Grade: \_\_\_\_\_

**TSHIRT SIZES CHILD:** SMALL \_\_\_ MEDIUM \_\_\_ LARGE \_\_\_\_\_

Health Concerns: \_\_\_\_\_

I, We \_\_\_\_\_ (parent/guardian) give \_\_\_\_\_

(child's name) permission to attend BLAST at St. John Vianney Parish, Barrie, ON. I fully understand that my child is under good care and supervision but if an accident should occur that may bring injury to my child in any way, I/we, will not hold St. John Vianney Parish, staff, or EDGE Crew responsible. I am aware of the my responsibilities for drop off and pick up times, and bringing awareness of any health concerns to Youth Minister.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Payment Received: \_\_\_\_\_