

# **GOD'S WORDS OF WONDER**

**WHO:** Parents and young children (through kindergarten)

**WHAT:** God's Words of Wonder- Bible Stories

**When:**

October 6 & 27  
November 3 & 17  
December 1 & 15  
January 12 & 26  
February 9 & 23  
March 9 & 23  
April 13 & 27  
May 11 & 25

9:15-10:30am

**WHERE:** Youth Room

**WHY:** God's Words of Wonder is an opportunity for parents (or caregivers) to experience and learn about God with their young children through Bible stories, books, crafts, and music. These sessions also introduce young children into the worshipping community.

**COST:** \$25 per family

Registration forms are online at [www.allsaints.cc](http://www.allsaints.cc)

For more information please contact:  
Ginny Rush at [grush@allsaints.cc](mailto:grush@allsaints.cc)



September, 2017

Dear Parents:

Summer is going by very quickly, and we are back to planning for the following school year.

Welcome to All Saints God's Words of Wonder 2017-2018! Whether you are a new family or you are returning, know that we are happy that you are a part of our faith community. It is time to register your child for the God's Words of Wonder program.

Enclosed are the following:

- ✓ Registration form
- ✓ Permission, Release & Medical Power of Attorney
- ✓ GWW Schedule

If you have any questions, please contact our God's Words of Wonder Coordinator, Ginny Rush, our Director of Faith Formation.

Thank you for bringing your child to God's Words of Wonder!

Ginny Rush  
Director of Faith Formation  
792-4603  
[grush@allsaints.cc](mailto:grush@allsaints.cc)

Emalee Ridgway  
(859) 630-0704  
[emridgway@hotmail.com](mailto:emridgway@hotmail.com)

Nicole Makasiar  
(513) 818-5877  
[makasiarnp@gmail.com](mailto:makasiarnp@gmail.com)

Meg Chan  
(513) 535-0802  
[meggypoooh80@gmail.com](mailto:meggypoooh80@gmail.com)



**God's Words of Wonder  
2017-2018**

**ARCHDIOCESE OF CINCINNATI  
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 6-2006)**

1. I, the lawful parent or guardian of \_\_\_\_\_ (the "child"), give permission for my child to participate in the activity described on the *Activity Information* form 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 and schools within the Archdiocese (the "Archdiocese"), and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' 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 or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_

**Medical Information — Completed by Parent or Guardian — Please Print**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone No. (h) \_\_\_\_\_ (w) \_\_\_\_\_

Member's Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Member's Soc. Sec. No. \* \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

\* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.

*(See Activity Information form below)*

\*\*\*\*\*

**ACTIVITY INFORMATION**

**Completed by Church Agency - Please Print**

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

**A. Ongoing**

Church Agency All Saints Church Activity God's Words of Wonder

Location All Saints Church Emergency No. 513-225-5291 Cost N/A

Starting Date and Time October 6, 2017 9:15 am Meeting Place All Saints Church

Ending Date and Time May, 2018 Meeting Place All Saints Church

Activities Involved God's Words of Wonder

Type of Transportation (if any) N/A

Group Leader Ginny Rush Telephone No. 513-225-5291

Other Information \_\_\_\_\_