

SONshine Days 2021



Who? To all members of the FAMILY!

Where? St. Anthony Parish

When? August 3-6, 2021 (TUE-FRI)
9:00 am – 12:15 pm (TUE-THURS and FRI ending with First Friday Mass
starting at 11:00am)

SONshine Days – Family Style! At *Holy Hearts Camp*, families will learn about the Three Hearts of the Holy Family! They'll look into the Sacred Heart of Jesus, the Immaculate of Mary and the Pure Chaste Heart of St. Joseph.

To sign up or volunteer, please contact Micie DelosReyes at 425-277-6201 or
e-mail to: micie@st-anthony.cc

Cost: \$40 for the 1st child and \$10 for each additional sibling

Ages: All ages are welcome!

Young people entering 6th grade and up are invited to sign up as youth assistants!

Arrival Every day, check -in at **9:00 a.m.** in the Gym (located between the Parish Ministry Center and Rectory).

Departure At **12:15 p.m.** each day in the gym.

*Families, please bring a **family blanket, a light snack and water** to SONshine Days for each day!*

Attire: This is CAMP. Please dress appropriately for “messy play!” and ONLY rubber-sole shoes.

Please register by July 25, 2021

Questions? Please contact Micie DelosReyes; 425-277-6201 or
micie@st-anthony.cc or
e-mail: sonshinedays@st-anthony.cc

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REGISTRATION FORM

Please make checks payable to St. Anthony Parish, (memo: SONshine Days)
 Return to St. Anthony Parish Ministry Center, Attn: Micie DelosReyes
 314 S. 4th St. Renton, WA 98055

Parent(s)/Guardian(s) Name _____ (attending YES OR NO – circle one)

Telephone _____ Email _____

Child's Name	Age	Birthdate	Grade next Fall	Health Concerns/ Restrictions/Medications	Check this box for those interested to be youth assistants

_____ I would like to volunteer. Please call me (phone) _____

or e-mail me _____

Emergency Contacts

Parent(s)/Guardian: _____ Phone # _____

Other Contact: _____ Phone # _____

Child's Physician: _____ Phone # _____

I give permission for my child(ren) to participate in St. Anthony "SONshine Days" from August 3-6, 2021 at St. Anthony Parish grounds. I understand that this event will be supervised by designated adult parish employees and volunteers. I also give consent for emergency medical treatment if necessary. I request that, if possible, I be contacted prior to treatment at the above phone numbers.

Parent/Guardian Signature _____ Date _____

Images of campers participating in Sonshine Days activities may be posted on the St. Anthony Parish website. No names will be used, however, if you would rather your child's picture not be included, please initial on the line below.

Please do not include pictures of my child/children on the St. Anthony website. _____