



FOR KIDS this December

Christmas Gift-making

Saturday

Dec. 16th

December 16th is Christmas Gift making day where kids get to make 2-3 gifts for their family and also decorate cookies to take home for their family.

TIME: 9:30 am—1 pm

DATE: Sat. December 16th

AGE: Kindergarten thru 5th Graders

COST: No cost; Parents please bring a POTLUCK DISH to share with all the kids for lunch.

Church will provide snacks, dessert, and drinks.

* **If your child has any dietary restrictions just pack a lunch and snacks separately for them. (:**

We will also watch a short Christmas movie after lunch while we wrap our presents. No peeking Parents!!

Pre-registration required and space will be limited to 15 kids.

Kids can join us for the whole time or come for just to some of the time.

Registration form on the other side

Registration Form for Christmas Gift Making Day

December 16th: _____ whole time _____ half time

Indicate how long your child will be with us.

Please return this form to the church by Dec. 13th

Time: 9:30 am to 1:00 pm Place: First Presbyterian Church 233 West Ave. S.

La Crosse, WI 54601 (608) 784-4248

Cost: Free. Bring a kid-friendly potluck dish to pass at lunch.

Registration has begun. Drop off or mail in registration by Dec 13th.

Space is very limited for this camp is limited, so please register early.

Child's name: _____ **Current grade** _____

Known Allergies or other medical concerns: _____

2nd Child's name: _____ **Current grade** _____

Known Allergies or other medical concerns: _____

Parent Information

Parent's name: _____ **Home/work phone:** _____ **Cell #** _____

Address: _____

Emergency contact person: _____ **Phone:** _____

E-mail: _____ **Yes, I am interested in volunteering.**

General Permission Slip

I give permission for _____ to attend the event of Gift-making Day, Dec. 16th, sponsored by First Presbyterian Church. I further grant permission for a licensed physician chosen by the director of the event (if necessary) to perform emergency medical treatment for my son/daughter, including x-rays, prescription drugs, or surgery. I will assume liability for any resulting expense which is not covered by insurance.

My hospital of choice in La Crosse: (please circle one)

Franciscan Skemp Mayo

Gundersen Lutheran

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