



***Coming Soon to the 11:00 AM Mass
Beginning in Advent 2022***

This is a wonderful program for children in Kindergarten through Grade 3 to hear the Sunday readings on a level that will help them to understand them better and grow closer to our Lord.

If we have enough volunteers, we could also include a group for children ages 3 and 4.

For us to be able to offer this program, we would need volunteers to work with the children. ***Ideally, if we have at least 5 volunteers, it would mean you would only need to present to the children once every 5 weeks.*** High school students and children in 7th grade and older are welcome to volunteer as aides.

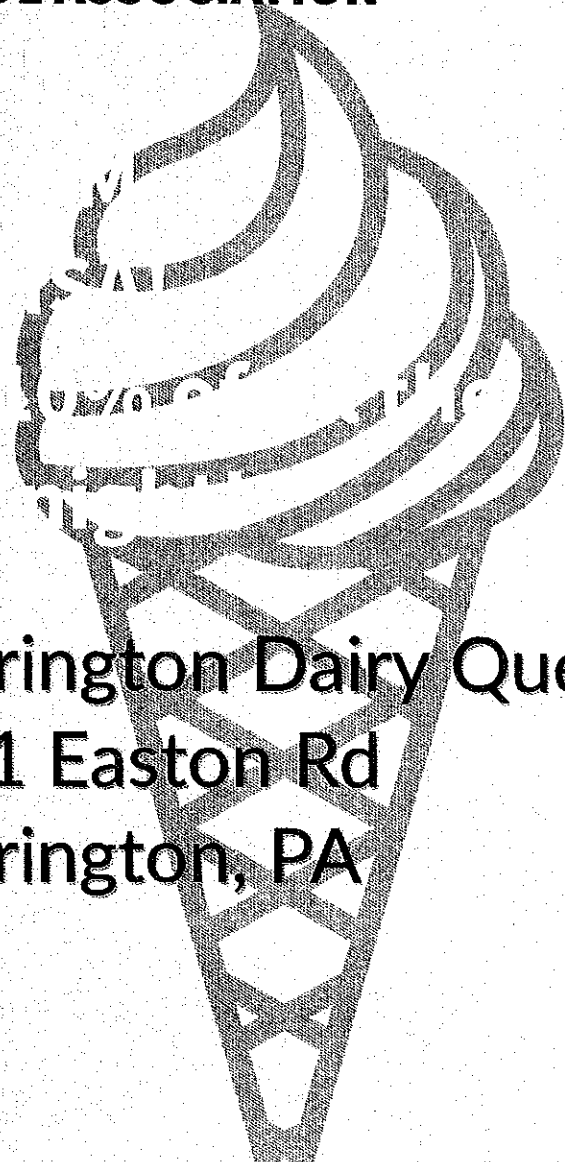
If you feel God is calling you to help our young people grow closer to our Lord, please contact Donna Heeney at 215-343-9433 or by email at donnaheeneydre@gmail.com

Materials and training would be provided.

Please respond by **October 16th** so we would have enough time to order materials and provide training.



ENJOY A COOL TREAT
(and stock up on your favorite treats, too)
WHILE YOU SUPPORT
SJR HOME AND SCHOOL ASSOCIATION



Warrington Dairy Queen
1111 Easton Rd
Warrington, PA

Special
Appearances
by the
SJR Hawk,
faculty
and staff!



FRIDAY, OCTOBER 21, 2022

5:30 P.M.-8:30 P.M.

SJR Parking Lot

Early Set up can begin at 4:30p.m.

Join us for SJR family Trunk or Treat fun!

*Bring some food and drinks, Decorate those trunks or not, come in your best costumes and
HAVE FUN! This event is for EVERYONE whether you decorate your trunk or not!!*

Prizes will be given for best costumes as well as best decorated vehicle

\$20 per vehicle if your decorating (spots with electricity will be limited)

In order to run this event as safely as possible:

- Please bring store brought, individually wrapped Candy or Treats
- There must be someone at the vehicle at all times to hand out candy

.....
Please send the bottom of this form in with cash or check(made payable to SJR HSA) to
Nikki DeGuida c/o Aiden DeGuida 2nd Grade
\$20 per vehicle
Forms due by **OCTOBER 14TH**

People Attending: #Adults _____ #Kids: _____

Electricity (circle one): YES or NO

FAMILY NAME : _____ Amount Enclosed: _____

4th, 5th & 6th GRADE

HALLOWEEN PARTY

DATE | 15 | OCTOBER

SJR CAFETERIA 6:30 - 9:30pm

Cost: \$20.00 per Child Snacks & Refreshments Served

RSVP by Thursday, October 6th

PLEASE WEAR YOUR COSTUME AND JOIN US FOR A FUN NIGHT OF
DANCING & GAMES!

4th, 5th & 6th Grade Halloween Dance Party

Saturday, October 15th 6:30-9:30pm

Please fill out the below form if you child will be attending the Halloween Dance Party. We ask that you please send in \$20.00 per child to help with covering the cost of DJ, Snacks, Drinks & Decorations.

CHILD'S NAME	
GRADE	
CHILD'S NAME	
GRADE	
CHILD'S NAME	
GRADE	
AMOUNT ENCLOSED:	\$

Please return Cash, Venmo @ Jaime-Benscoter or Check made payable to "SJR HSA" Jaime Benscoter c/o Shelby Benscoter Grade 4 by Thursday, October 6th.



(Gentle Reminder: Please be sure costumes are school appropriate. Thank you!)

venmo

St Joseph St Robert's
Home & School
Presents the SJR 7th and 8th Grade Student



SAT OCT 15th
7:30-9:30 PM

Winding Brook Farm 3014 Bristol Rd Warrington, PA
Wagon leaves promptly at 8:15 PM
\$25 per student

Includes Pizza and Drinks before hayride and S'mores after hayride

Please send payment & permission slip to school
via Connor Shimp Grade 8 by 10/13

PARENT / LEGAL GUARDIAN PERMISSION SLIP

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in the Haunted Hayride Activity sponsored by St. Joseph St. Robert Home & School. This activity will take place under the guidance and supervision of parent volunteers. A brief description is as follows:

Event/Location : Winding Brook Farms, Warrington, PA

Date and Time of event: Saturday, October 15th 7:30-9:30 PM

Designated Chaperones: John Shimp

Method of Transportation: parent drop off to event location

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability and medical release information.

As a parent, legal guardian, you remain fully responsible for any legal responsibility that may result from actions taken by the named student.

LIABILITY RELEASE

I/We recognize and acknowledge that there are risks in my child's presence and participation in the above mentioned event. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against St. Joseph St. Robert School, SJR Home and School Association, St. Robert Parish, St. Joseph Parish or Archdiocese of Philadelphia including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and/or from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event.

IMAGE RELEASE

Parents and guardians are advised that photographs or video tape of program participants may be used in publications, web sites, social networking sites, brochures, flyers or other promotional materials produced from time to time by St. Joseph St. Robert School. Participants will not be identified without the specific written consent of parents. Parents or guardians who do not wish their child to be filmed or videotaped should notify the Principal in writing. By signing below I consent to have my child identified in publications, web sites, brochures, flyers or other promotional material.

MEDICAL RELEASE

Our permission is hereby given to the representatives of St. Joseph St. Robert School to authorize by his/her signature, whatever medical or surgical treatment may be considered necessary in the event of an accident or medical emergency in which the parent or guardian cannot be reached. It is understood that every attempt to reach the parent or guardian will be made. If the physician below cannot respond, I authorize any licensed physician or medical center to treat the student designated below.

Student Parents' Name/Signature

Address Telephone Number

Emergency Contact/ Telephone Number Primary Care Physician/Phone number

Health Insurance Company/Plan #/ID # _____

Allergies, Reactions or other pertinent medical information: _____

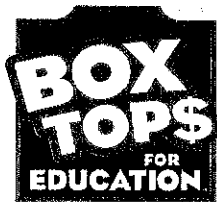
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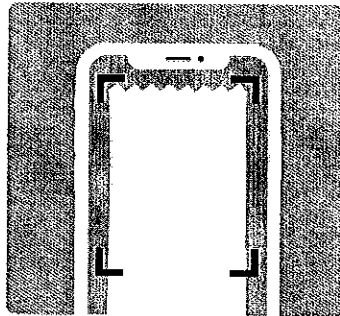


HERE'S HOW IT WORKS:



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