Awe & Wonder

Under the Stars

Parent Information Sheet

Event Details

Date: September 18-19, 2026
Arrival Time: 6 pm, September 18
Pickup Time: (ages 4-6, non-overnight campers) 9 pm, September 18
Pickup Time: (Overnight Campers, ages 7-14) 9 am, September 19
Parents: You may join for either portion of the evening and/or stay overnight. If interested, please reach out to Jewelle to discuss what this would look like.
St. Barnabas Church, 954 Lake Ave
Rain Plans: You will receive an email by 4 pm on Friday, September 18 if we need to make any weather-related changes.
To ensure this event has sufficient chaperones, registration will end at 5 pm on Tuesday, September 15.

What to Expect

All ages (4–14) — Dinner & Stargazing 6-9pm

- Dinner and S'mores together as a group
- A hands-on stargazing activity and conversation about God and the night sky
- Time with our special guest astronomer, using telescopes
- Pickup for children not staying overnight at the end of this portion

Overnight Campout (ages 7+ only) September 18- September 19, 6pm-9am

- Songs under the stars
- Sleeping outdoors on the church lawn
- Breakfast together in the morning before pickup

What to Bring for Overnight Campers (7+)

- Sleeping bag, pillow, and pad
- Flashlight or headlamp
- Change of clothes and a light jacket
- Toiletries (toothbrush, toothpaste)
- Any personal medications, clearly labeled

Registration

Please complete one form per child. Return to the church office or bring to check-in.

Child's Full Name	
Age	
Grade	
T-shirt Size	
Parent/Guardian Name	
Phone Number	
Email Address	

Staying overnight for the campout? (ages 7+ only)

☐ Yes, staying overnight	☐ No, pick up after stargazing

Emergency Contact & Medical Information

Emergency Contact Name	
Emergency Contact Phone	
Relationship to Child	
Allergies	
Medical Conditions	
Current Medications	

Authorized Pickup

Please list all individuals authorized to pick up your child, in addition to yourself.

Name	Phone
Name	Phone

Permissions & Waivers

☐	I give full permission for my child _____ (insert minor's name) to attend and participate in Awe & Wonder: Under the Stars, including outdoor stargazing and (if applicable) the overnight campout.
☐	In consideration for being permitted to participate in the event named above I _____ [print name] for myself, (and any and all of the following: my heirs, family, successors and assigns and any other persons having claims by or through me), hereby fully and forever release, acquit, and discharge the organizers of the Event and all entities, organizations, and persons now or formerly affiliated with the Episcopal Diocese of Connecticut, also known as the Episcopal Church in Connecticut ("ECCT") from, and waive any and all actual or potential claims or causes of action for, any of the following: damage to or loss of property, bodily injuries, illness, death, or economic loss, known or unknown, anticipated or unanticipated, arising directly or indirectly in any manner whatsoever from Participant's involvement in the Event.
☐	In the event of an accident or serious illness, I hereby authorize the designated Responsible Person (one of the adult chaperones) to obtain medical treatment for Participant. I hereby hold harmless and agree to indemnify the Sponsoring Entity, the organizers of the Event and all entities, organizations, and persons now or formerly affiliated with the Episcopal Diocese of Connecticut, also known as the Episcopal Church in Connecticut ("ECCT") from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses including medical expenses that may derive from any injuries to Participant that may occur during his/her participation in the Event. If I cannot be reached by phone, the Responsible Person has my permission to authorize medical treatment for Participant. This authorization includes the securing of medical, dental, emergency or hospital treatment, including surgery, x-rays, drugs and anesthesia. I hereby certify that I have read and fully understand the above authorization for medical treatment. I accept all financial responsibility for the same. I also certify that no guarantee or assurance has been made as to the results that may be obtained.

I hereby certify that I am the Parent/Guardian of the Minor Participant named above and do hereby give my consent without reservation to the foregoing on behalf of Participant. I have read, understand, and agree to all of the above releases.

Printed Name	Parent/Guardian Signature	Date

Printed Name of Minor	Minor Signature

Questions?

Contact Jewelle Bickel, Email jbickel@stbarnabas.org or Call/text (505) 301-7738.

Media

St. Barnabas livestreams services on our website and shares the story of our special congregation with the world through print and social media. By attending events at St. Barnabas, including Awe & Wonder, you acknowledge that video and/or still photos may be taken. You approve the use of your image and those of minors in your charge for editorial use in St. Barnabas' news, communications, and/or website. If you would like to opt out of this acknowledgment, please let the office know via email: office@stbarnabas.org.