



Republic of the Philippines
Department of Education

REGION IV- A CALABARZON
CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS

15 August 2025

DIVISION MEMORANDUM
No. 562 s. 2025

MT. BANAHAW VIEW KID/KABSAYAHAN

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Heads, Public and Private Elementary Schools
Heads, Unit/Section
All Others Concerned

1. In reference to **BSP Quezon Council Office Memorandum No. 20, s. 2025**, this Office informs the field on the conduct of **Mt. Banahaw View Kid/KabSayahan** on **September 13, 2025** at **Kalumpang Elementary School**.
2. All registered **kid and kab scouts** are encouraged to participate in the said activity. The objectives of the activity are:
 - a. Explore varied activities for KID/KAB Scouts;
 - b. Meet new friends and develop camaraderie from among themselves;
 - c. Promote KID/KAB Scouting for child's total development; and
 - d. Gain additional points for the **2026 SCOUT OF THE YEAR AWARD**.
3. Non-teaching personnel who will render services during weekend are entitled to compensatory time-off (CTO) or overtime credits while teaching personnel shall be entitled to service credits.
4. Attached is the Office Memorandum for the details of the activity.
5. Immediate dissemination of this Memorandum is desired.


CELEDONIO B. BALDERAS JR.
Schools Division Superintendent

Encl.: As stated

Reference: BSP Quezon Council Office Memorandum No. 20, s. 2025

To be indicated in the Perpetual Index
under the following subjects:

KID SCOUTS
BOY SCOUTS

SGOD- mt. banahaw view kid/kabsayahan
REC5IHBC/August 15, 2025



Boy Scouts of the Philippines

QUEZON COUNCIL

Perez Street, 4301 Lucena City

Tel. No. (042) 784 5929 * Mobile No. +63 962 414 2025

Email Address: quezonbsp1948@gmail.com

COUNCIL OFFICE MEMORANDUM

Number 20, s. 2025

R. L. J. - July 29, 2025
LARA KRESTHA T. ROXAS
BY: AUG 11 2025 Date: 9.05
Control No.

TO : All School Head In-Charge of BSP, Institutional Heads, Langkay & Kawan Leaders, Institutional Scouting Coordinators of Private Schools and Scout Leaders

SUBJECT : MT. BANAHAW VIEW KID/KABsayahan

1. We are pleased to invite all Langkay ang Kawan Leaders, KID & KAB Scouts and Parents to the MT. BANAHAW VIEW AREA on **September 13, 2025 (Saturday)** at **Tayabas East Central School, Tayabas City**.
2. **OBJECTIVES:** At the end of this KID/KAB Scout event, the participants will be able to:
 - e. Explore varied activities for KID/KAB Scouts;
 - f. Meet new friends and develop camaraderie from among themselves;
 - g. Promote KID/KAB Scouting for child's total development; and
 - h. Gain additional points for the **2026 SCOUT OF THE YEAR AWARD**.
3. An **ACTIVITY FEE** of **THREE HUNDRED PESOS ONLY (Php 300.00)** shall be charged each participant (KID Scout, Scout Leader) (Parent-voluntary) to cover costs of Activity ID, Certificate, program/activity materials, prizes, administrative and operational expenses.
4. **DELEGATION REQUIREMENTS:** Contingent are expected to manage their own:
 - a. Funding requirement
 - b. Transportation requirements to and from the activity site; and
 - c. As per BSP Safeguarding policy, the head of delegation shall check the worthiness of the vehicle. The driver's license shall also be checked.
5. All schools must submit to the council the attached confirmation sheet not later than a week before the conduct of scheduled event, for accommodation and program materials purposes.
6. For widest information dissemination for draw maximum participation.

JOEL R. AVILLEDO, PhD
Council Scout Executive

NOTED & APPROVED:

CELEDONIO B. BALDERAS, JR.
Schools Division Superintendent
& Deputy Council Scout Commissioner

ANGELINA "DOKTORA HELEN" DL. TAN, MD, MBAH
Governor, Province of Quezon
& Council Chairperson

Encl: General Program of Activities/Parents Permit/Confirmation Sheet





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GENERAL PROGRAM OF ACTIVITIES COUNCIL KID / KAB SAYAHAN

Date: _____ Venue: _____

7:00 AM	ARRIVAL / REGISTRATION / GROUPING
8:00	OPENING CEREMONIES
9:00	START OF ACTIVITIES
12:00 NOON	BROTHERHOOD LUNCH
2:00 PM	CLOSING PROGRAM

* HOME **** SWEET **** HOME ***

FEATURES: SHINE

SHOWDOWN OF TALENT

HARMONY OF COLORS (ARTS)

INDIVIDUAL ADVANCEMENT

- A. LARO NG LAHI
 - a. Modified Sack Race
 - b. Maglalatik Transformation
 - c. Bamboo Relay
- B. SKILL MASTERY
 - a. Knot Match
 - b. First Aid Idea

NURTURING OBSTACLE

- 1. Garter Maze
- 2. School Tunnel
- 3. Island Hopping
- 4. Zigzag Road
- 5. Crawling Scout
- 6. Monkey Bridge

ENJOYABLE GAMES

- 1. Ball and Saucer
- 2. Dinosaur Village
- 3. Paper Cup Transfer
- 4. World Cuyp
- 5. Walk Like an Egyptian
- 6. Parachute Landing

NOTE: *** All of these events are non-competitive.





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PARENT'S / GUARDIAN'S CONSENT FORM

I, the undersigned, as the parent/guardian of the Scout named below, give my informed consent for my child to participate in Scouting activities organized by the Boy Scouts of the Philippines. I have read and understood the information provided and acknowledge the potential risks involved.

I confirm that:

- Health and Medical Information:** I have provided accurate, up-to-date health information, including any known allergies, medications, and medical conditions that may impact my child's participation.
I authorize the event organizers to seek emergency medical treatment if necessary.
- Photography and Media:** I grant permission for photographs, videos, and recordings of my child to be taken during activities, which may be used for Scouting promotional materials, reports, or other public-facing materials.
Yes No
- Transportation:** I understand that my child may be transported by authorized personnel to and from Scouting events as needed. This may include private buses, vans, or other forms of safe transportation arranged by the Boy Scouts of the Philippines.
- Code of Conduct:** I have discussed with my child the importance of following the Boy Scouts of the Philippines' Code of Conduct, which includes respecting others, adhering to safety guidelines, and cooperating with Scout leaders and peers.

Parent/Guardian Signature: _____ Contact Number: _____

Parent/Guardian Full Name: _____ Date: _____

SCOUTS ASSENT:

I, as a participant in the Boy Scouts of the Philippines, understand the purpose of Scouting events and agree to fully participate while following all instructions from leaders. I will treat other Scouts and leaders with respect, follow safety guidelines, and ask for help if I feel unsafe or uncomfortable.

- I agree to participate in Scouting events: Yes No

Scout's Signature: _____

Scout's Full Name: _____ Date: _____

EMERGENCY CONTACT INFORMATION

1. Primary Contact Name: _____ 2. Secondary Contact Name: _____
Relationship to Scout: _____ Relationship to Scout: _____
Contact Number: _____ Contact Number: _____

Thank you for supporting your child's participation in the Boy Scouts of the Philippines.

Together, we can provide safe, meaningful, and enjoyable Scouting experience. If you have any questions about this form or our Scouting events, please contact your local Scouting office or activity point person via the details below:

Name of Event/ Activity: **COUNCIL KID / KAB SAYAHAN**

Date and Venue: _____

Unit Leader: _____

Contact Number: _____





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COUNCIL KID / KAB SAYAHAN

Venue: _____ Date: _____

CONFIRMATION SHEET

TO WHOM IT MAY CONCERN:

This is to confirm our attendance to the COUNCIL KID/KAB SAYAHAN, to wit:

KID/KAB SCOUTS

LANGKAY/KAWAN LEADERS

T O T A L

Our participants will arrive at the venue on _____
(Date)
at _____
(Time)

District Langkay/Kawan Leader / Institutional Coordinator
Date: _____

NOTED & APPROVED:

Institutional Head/District Scout Commissioner
Date: _____

NOTE: Submit this form to the Quezon Council, BSP Headquarters, Lucena City a week before the schedule event
email at quezonbsp1948@yahoo.com or send to FB Account at quezonbsp@yahoo.com

