



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.** <sup>ACU</sup>  
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

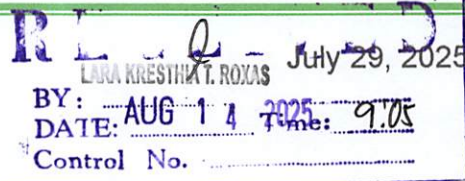
Perez Street, 4301 Lucena City

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

Email Address: [quezonbsp1948@gmail.com](mailto:quezonbsp1948@gmail.com)

### COUNCIL OFFICE MEMORANDUM

Number 20, s. 2025



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

**SUBJECT :** MT. BANAHA VIEW KID/KABsayahan

1. We are pleased to invite all Langkay ang Kawan Leaders, KID & KAB Scouts and Parents to the MT. BANAHA 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:
  - 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. 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. AVILLED, PhD**  
Council Scout Executive

### NOTED & APPROVED:

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

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

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







# 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](mailto:quezonbsp1948@gmail.com)

### 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**

**S**HOWDOWN OF TALENT

**H**ARMONY OF COLORS (ARTS)

**I**NDIVIDUAL 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

**N**URTURING OBSTACLE

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

**E**NJOYABLE 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.







# 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](mailto:quezonbsp1948@gmail.com)

### 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 authorize 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 the 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 respect, follow safety guidelines, and ask for help if I feel unsafe or un comfortable.

- I agree to participate 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: \_\_\_\_\_





**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](mailto:quezonbsp1948@gmail.com)

**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](mailto:quezonbsp1948@yahoo.com) or send to FB Account at [quezonbsp@yahoo.com](mailto:quezonbsp@yahoo.com)

