

ST. MARY'S MIDDLE SCHOOL YOUTH MINISTRY

Church of St. Mary :: Lake Forest, IL
(847) 234-7337 :: www.churchofstmary.org

August 2014

Dear Parents,

I hope you and your families have had a blessed summer filled with relaxing moments and fond memories! My name is Diane Kennedy and I am a Youth Minister at the Church of St. Mary. I am writing to introduce myself and the new Middle School Youth Ministry program! This new program is a ministry of the Church of St. Mary and is open to all students in 6th, 7th, and 8th grades. I am very excited for the beginning of this ministry and hope you and your child will choose to become involved!

Our pastor, Fr. Mike McGovern, welcomed me as an addition to St. Mary's Youth Ministry staff at the beginning of June, and I am so excited to work with parents, youth, and staff members to develop this new ministry for middle school students! I grew up in Eastern Washington State, and graduated with my degree in interior design from Oregon State University in 2011. Over the past few years, God has led me on a journey that's allowed me to travel the country, meet many beautiful people from a variety of backgrounds, and serve the Church through volunteer work. During the 2012-13 school year, I volunteered as a traveling retreat minister with Reach Youth Ministry based out of Helena, MT. Over the course of the year, I discovered a deep joy and passion for sharing the beauties and mysteries of the Catholic Church with youth, and encouraging students to go deeper in their personal relationships with God. I took a year interlude to volunteer as a resident assistant in a maternity home in Des Plaines, IL, but am overjoyed to enter back into youth ministry with this position!

It is exciting to be involved at the ground level of a new ministry, and I look forward to the learning and growth that will take place this year! The middle school youth ministry program is an opportunity for students to take another step in their faith through fellowship, discussion, and a variety of activities. We will meet one Saturday a month to share a meal, play games, and participate in activities that help bring the faith to life!

The following pages include registration, permission and medical forms. These forms are important for us to have, as they show that you would like to be included on our mailing list and allow us to act in case of an emergency. Please return all forms by **Wednesday, October 1**. After that date, we will only send out information on upcoming events to registered families. If you have any questions, comments, or suggestions, please let me know! I would love to hear from you, and look forward to working with you this year!

Because of Him,
Diane Kennedy

DIANE KENNEDY :: YOUTH MINISTER :: (847) 234-7337 :: DKENNEDY@CHURCHOFSTMARY.ORG



REGISTRATION 2014-2015

CHILD NAME(S):

**Please fill out more Child Information on following page.*

MOTHER / GUARDIAN: _____ Home Phone: _____

Email: _____ Cell Phone: _____

- I would be interested in being a parent volunteer for Middle School Youth Ministry Events.
- I would **NOT** like to receive periodic email updates regarding events.

FATHER / GUARDIAN: _____ Home Phone: _____

Email: _____ Cell Phone: _____

- I would be interested in being a parent volunteer for Middle School Youth Ministry Events.
- I would **NOT** like to receive periodic email updates regarding events.

ADDRESS:

Street

City

Zip Code

EMERGENCY CONTACT:

Name

Phone Number

Relation

Registration is due by **Wednesday, October 1**. After that date, the office of Youth Ministry will only send event information to registered families. **Please drop off or mail forms to the Parish Center.**

St. Mary's Youth Ministry :: 201 E Illinois Rd :: Lake Forest, IL 60045

Child 1

First Name	
Last Name	
Gender	
Date of Birth	
Grade & School	
Cell Phone	
Email	
Sports/Clubs	
Allergies	

Child 2

First Name	
Last Name	
Gender	
Date of Birth	
Grade & School	
Cell Phone	
Email	
Sports/Clubs	
Allergies	

Child 3

First Name	
Last Name	
Gender	
Date of Birth	
Grade & School	
Cell Phone	
Email	
Sports/Clubs	
Allergies	

PERMISSION AND AUTHORIZATION FORM

I hereby give permission for my son/daughter _____
to participate in events sponsored by St. Mary's Middle School Youth Ministry during the 2014-
2015 school year and summer.

I hereby release and indemnify the Archdiocese of Chicago and the Church of St. Mary, it's staff
and volunteers from any and all liability arising from claims of any kind or nature whatsoever
from my child's participation in these events.

I understand that if my son/daughter violates any laws regarding alcohol or drugs, or rules
governing the events, arrangements will be made to immediately send my child home at the
cost of the parent(s)/guardian.

I authorize the Office for Catechesis/Youth Ministry of the Archdiocese of Chicago and Church
of St. Mary to use photographs/videos of my child for bulletins, productions, publications,
website, etc.

- YES
- NO

I authorize the youth ministers of the Church of St. Mary to contact my child via email or cell
phone.

- YES
- NO

PARENT / GUARDIAN NAME (print): _____

PARENT/GUARDIAN SIGNATURE: _____

TELEPHONE: (Home) _____ (Cell) _____

MEDICAL FORM

I hereby request that my son/daughter be allowed to participate in the Church of St. Mary Middle School Youth Ministry events held both on parish premises and beyond. I understand that this medical authorization will be used for all Church of St. Mary Middle School Youth Ministry events during the current & upcoming summer and school year. I further understand that parent permission forms will be distributed for my son or daughter's participation in major events (retreats, service opportunities, etc).

I hereby release and indemnify the Church of St. Mary, its staff and its volunteers and the Archdiocese of Chicago, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

AUTHORIZATION FOR MEDICAL TREATMENT

In the event that I, the undersigned, or my authorized physician, cannot be reached, and in the judgment of Church of St. Mary staff/volunteers, there is necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

Our physician is: _____ Phone: _____

In case of emergency, I can be reached at : _____

I grant permission for the adult chaperones at Middle School Youth Ministry events to administer non-prescription drugs as needed for my child (i.e. aspirin, ibuprofen, antacids, etc).

- YES
- NO

Please list any allergies, medications, medical problems or physical limitations of your child:

Name of Son/Daughter: _____

Medical Insurance Company: _____

Policy/ID Number: _____

Parent/Guardian Signature: _____

Print Name: _____ Date: _____