## Youth Ministry Office | 703.591.6089 | youthministry@stleofairfax.com

## Middle School: Parent Letter and Information (2023-2024)



August 8, 2023

Dear St Leo Parents,

As Director of Youth Ministry, I want to partner with you this year to bring about fun, fruitful, and family-based youth ministry events for your whole family.

Per the St. Leo the Great Pastoral Plan, over the next three years, we will be implementing our Christ-centered pastoral and leadership plan dedicated to fostering a more vibrant and traditional Catholic family-based community. In fact, have you seen our new mission statement and theme?

Mission Statement: St Leo the Great is an intentional, traditional, and dynamic Catholic family-based parish dedicated to draw all parishioners to an intimate and personal relationship with Jesus Christ through His Church, through leadership, liturgy, and faith formation.

**Scriptural Theme:** "But you are a chose race, a royal priesthood, a holy nation, a people of his own, so that you may announce the praises of him who called you out of darkness into his wonderful light.(1 Peter 2:9)

As you can see, your involvement is crucial in achieving our Pastoral Plan's mission and vision—we cannot do this without you! And I predict that this will be the greatest year of ministry yet!

Lastly, for registration purposes, kindly complete the following:

- Parent Letter and Ministry Information
- Permission and Medical Form
- Parent and Student Participation Form
- Wake Up Wednesday Student's Covenant

It is my prayer that you will find at least (1) way to be involved with our family-based youth ministry this year—and that it would be life giving for everyone involved! Let me know if you have any questions or concerns. Looking forward to serving with you this year.

In His Peace.

Ms. Katherine Aguilar, Director of Youth Ministry

Phone: 703-273-5369 / Fax: 703-273-2371

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#### **Activity Fee**

To offset the cost of snacks, meals, youth ministry and materials for youth events during the year, there is an activity fee. Families get a discount.

- Middle School: \$70/youth (grades 6-8)
- High School: \$90/youth (grades 9-12)
- Family, two or more students: \$120/family

#### **Payment Methods**

- Cash
- Checks can be made out to St Leo the Great Youth Ministry. Memo: [Student's Name]
- Credit Card via Flocknote Fund It QR code.

#### Financial Aid

If cost is an issue, we are here to help. Please know that families and teens will never be turned away due to cost; however, we ask that families contribute what they can in order to reserve a space for their child.

### Flocknote Opt-In Communications

We need to stay connected! In case of unforeseen weather conditions, last minute cancelations, pertinent updates, sign up to receive email and/or text notifications: *Text STLYM to 845-76*.

#### Follow Us

Instagram, @stleosyouth and Sunday Bulletin YM column

#### Middle School Early Pick-Up Procedures

- 1. Registered students are expected to attend for the full duration of the ministry except for doctor appointments and/or emergencies.
  - a. Early pick up is disruptive to the ministry environment and takes away from the scheduled activities.
- 2. For safety, Parents must notify <u>youthministry@stleofairfax.com</u> communicating early pick up time.
  - a. Parent must sign out their child.
  - b. Children will not be dismissed without signature from a parent first.

# Middle School: Parent and Student Participation (2023-2024)



	Check #: CASH: Financial Aid:
	For Office Use Only: Paid Y/N MS \$70.00 HS \$90.00 Family \$120.00
	Wake Up Wednesday @3-4:30pm Service Hours Works of Mercy
Middle	School Only:
	Parent Name: Parent Email:
	Birthday: T- Shirt Size (Adult sizes, circle one): S M L XL XXL
	School:
	Current Grade (Circle One): 6 7 8 9 10 11 12
	Full Name: Teen Email:
Studen	t Involvement
	□ Middle School Friday Friends (Last Friday evening of the month @ 7-8:30pm)
	□ Middle School SERVE Work Camp (July 2024)
	□ Middle School Diocesan BASH (Sat. May 4, 2024 @ 1pm-8:30pm)
	$\hfill\square$ Middle School Wake up Wednesday Kick Off (Wed. September 20, 2023 @ 3pm-4:30pm)
	□ Middle School Festival of Saints (Fri. October 27, 2023)
	□ 8th Grade Boys' Confirmation Retreat (Sat. October 21, 2023)
	□ 8 <sup>th</sup> Grade Girls' Confirmation Retreats (Sat. October 14, 2023)
Parent	t Involvement: Must volunteer for (1) event or ministry.

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## Middle School: Permission/Medical Information (2023-2024)



Participant's Name (Please print)	Grade	Home Phone	
Address	City/State/Zip	Parent Email	
Parent's Name	Mobile Phone	Work Phone	

Parental Permission and Liability Release: As parent/legal guardian of the participant names above, I give my permission to participate fully in <u>St. Leo the Great Youth Ministry Meetings/Events</u> from <u>August 22, 2023 to August 22, 2024</u>. I agree to indemnify and hereby release the Most Reverend Michael F. Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

Informed Consent to Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto. Photo, Press, Audio, and Electronic Media Release: I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes.

I understand and hereby agree to the terms and conditions of the participant's involvement in the above-described event and I freely execute this Acknowledgement with full knowledge of its content.

Signature of Parent or Legal Guardian

Date

**Emergency Contact** 

Saint Leo the Great Catholic Church

3700 Blenheim Blvd, Fairfax, Virginia, 22030 Phone: 703-273-5369 / Fax: 703-273-2371 www.stleofairfax.com

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# Middle School: Permission/Medical Information (2023-2024)



Name	_ Relationship:	Phone Number: (	C)		
Pediatrician/doctor name Phone					
Insurance Company Po		Policy Number:			
<b>MEDICATIONS:</b> PLEASE LIST ANY PERSCRIPTION OR DOCTOR PRESCRIBED OVER THE COUNTER MEDICATIONS YOUR CHILD IS USING:					
Drug Name:		Dosage per			
Drug Name:		Dosage per			
ALLERGIES/FOOD RESTRICTIONS (i.e. pollen, dust)					
Medications:					
DOES YOUR CHILD HA					
HISTORY: Medical History/ Mental Health Information (be specific)					
			*		

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# "WAKE UP WEDNESDAY'S" CONDUCT COVENANT (2023-2024)



	ACCOUNT OF THE PARTY OF T							
l,	, am partic	ipant	of the	ST.	Leo	the	Great	Youth
Ministry, Wake up Wednesday, Fairfax VA.								
This covenant is in effect from the moment I arr	ive at St Leo	on We	dnesda	ay fro	om 3:6	00pr	n to 4:	:30pm.
As a participant of this ministry, I will be expecte	d to abide by	the fo	llowing	r:				
♦ No loud or disruptive behavior toward our volunteer	s, staff, and cle	ergy.						
♦ Be Reverence to our Lord while in the Churc	h.							
♦ No negative humor – putting others down of	r name calling	g; refrair	n from te	elling/	/being	invo	olved in	hurtful
jokes or pranks.								
<ul> <li>Participate fully in all planned activities, gro</li> </ul>	up sessions, ar	nd progr	rams.					
♦ Be aware of and always promote individual and grou	o safety.							
<ul> <li>Students must request permission to use th</li> </ul>	e restroom.							
If students need to change into casual/sporestroom.	orts clothes, t	hey mu	st reque	est pe	rmissi	on to	o do so	) in the
♦ No more than two participants at a time wil	he allowed to	n use or	change	clothe	es in tl	he re	stroom	is
<ul> <li>Stay near my adult chaperones at all times.</li> </ul>								
<ul> <li>Refrain from smoking, consuming alcohol, the Ministry. Anybody found to be doing any</li> </ul>	ising any type	of wea	pon or i	llegal	drugs	at a	ny time	
♦ Cell Phones are not permitted.								
<ul> <li>Upon arrival students must put their devidence</li> <li>dismissal. Devices include personal electronics</li> </ul>								
♦ Respect facilities always.								
<ul> <li>Participants are responsible for the condition</li> </ul>	n of the facilit	ies.						
<ul><li>Damage to the building, furniture or equipn</li></ul>	ent will be ch	arged to	those r	espor	nsible.			
MY PROMISE: I freely execute this acknowledgement these guidelines and expectations in my attitude and with this promise. I understand that if I choose be expectations, I will face consequences, which may incoministry.	my actions. I my attitude	will also	o encoul my act	rage d	other to no	parti t live	cipants e up to	to live
Participant signature:	D	ate						
As Parent or legal guardian, I remain fully respon result from any personal actions taken by the na								າ may

(Please sign, date and return this form with your REGISTRATION FORM to the Youth Ministry office or Parish Office hours Monday - Friday 8am-7:30pm and Saturday 10am - 5pm; office closed Sundays.)

Date

Covenant.

Parent/Guardian Signature: \_\_\_\_\_

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