

Pathfinders Youth Group

Registration Packet
Queen of Peace Catholic Community

6th, 7th, & 8th Grade Youth Group



“Follow Me as I Follow Christ”

Pathfinders Youth Group

Pathfinders youth group is for any child who is in the 6th, 7th, or 8th grade. Meetings are held Sundays in the Teen Center and Gym from 11:20am to 1:20pm with a lite lunch served each week. We strongly encourage children and their families to attend the 10am Mass on Sundays.

Dear Parent(s) and child,

Welcome to Pathfinders youth group. My name is Amy Barber, and I am the Middle School Youth Minister. Please feel free to contact me with any concern, or questions you may have at pathfinders@queenofpeaceparish.org or 352-332-6279. Our youth group team works with your children on Sundays, but you are the real teachers of your children. You as a parent(s) lay the foundation for their faith. We give them some tools to use but you teach them how and when to use them.

Registration information

Cost for youth group is \$45.00 per student. This includes curriculum costs, lite lunch at our meetings, activities at youth group meetings, and a T-shirt. We strongly recommend that your son or daughter wears his/her T-shirt at meetings and for all off campus trips. As always, if there is a need for a partial or full scholarship, please contact me.

What forms do I have to fill out?

Please fill out attached registration form, health form and parent steward. Please, mail back to Queen of Peace at 10900 SW 24th Avenue, Gainesville, Fl 32607, attention **Pathfinders**. You may also bring the forms by the church during regular office hours.

What can I do as I parent?

There is much that you can do as a parent of a child in youth group. Without adult help we cannot continue to grow and be successful. **Please prayerfully consider** giving some of your time and talents. It will be an experience you will cherish and remember for years.

Peace,

Amy Barber
Middle School Youth Minister
Queen of Peace Catholic Community

DATE _____

Pathfinders Registration Form

Queen of Peace
10900 SW 24th Avenue
Gainesville, Florida 32607

Please fill out info below and **return to address above by August 15**, the Queen of Peace Office, attn. Pathfinders.

Name of child	Last	First	M	Date of Birth
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Home Address	City/State/Zip code
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Home Phone	Other phone for emergency contact
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School attending	Grade as of this September
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Special interests/hobbies	Number of brothers & sisters	Pets? What kind
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Parent's name

Father	Work Phone	Catholic Yes or No
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Mother	Work Phone	Catholic Yes or No
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Family registered at Queen of Peace	Yes or No	Parent's email
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Fees

Pathfinders Youth Group Fee \$45.00 _____

My child received:

Baptism on (date) _____ at (church) _____

First Communion on (date) _____ at (church) _____

Confirmation on (date) _____ at (church) _____

Office use only

Check number _____ Amount Received _____

Pathfinders Parent's Steward Form

Students Name _____ Phone Number _____

Father's Name _____ Mother's Name _____

Parent E-mail _____

Please prayerfully consider what role you can play in your child's faith formation. Without adult participation, our youth group cannot survive and thrive. Opportunities for field trips, dances, parties, etc. will not be possible. You will cherish memories made with your child. Please place a check next to items that you would be interested in. God Bless You.

_____ I would be interested in being an adult teacher on Sundays.

_____ I would be interested in chaperoning on Sundays.

_____ I would be interested in preparing and serving lunch on Sundays. Lunches and punch are provided. You just have to set them out and serve them.

_____ I could help make telephone calls.

_____ I could help with computer skills.

_____ I could help with preparation, delivering of Thanksgiving Baskets

_____ I could give a talk on _____

_____ I could help chaperone events

_____ I could make snacks for the passion play

**Diocese of St. Augustine/Queen of Peace Catholic Community
Parent / Guardian Medical Release**

Child's Name _____ Date of Birth _____

Parent / Guardian Name: _____

Home Address: _____ Home Phone _____

Name of Diocesan Entity: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign on in accordance with your wishes)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to the above named Diocesan entity's employees, volunteers, or representatives to seek medical treatment for my child named above.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the above named Diocesan entity's representatives or volunteers to hospitalize, secure proper treatment for, and to order injection and / or anesthesia and / or surgery for my child named above.

In the event of an emergency, If you are unable to reach me at the above number, contact:

Name and Relationship: _____ Phone _____

Family Doctor: _____ Phone _____

Family Health Plan Carrier: _____ Policy Number _____

I make the following exception(s) _____

My Child's Medications /Dosages:

Medication: _____ Dosage: _____ Doctor: _____

Medication: _____ Dosage: _____ Doctor: _____

Medical Problem or Condition (allergies, diabetes): _____

Condition: _____ Symptoms: _____

Physical Disabilities: _____

Signature of Parent / Guardian

Date

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the above named Diocesan entity's volunteers or representatives that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I hereby give permission for over-the counter medication to be administered to my child according to directions.

Signature of Parent / Guardian

Date