

MIDDLE SCHOOL MINISTRY

SAN RAFAEL PARISH

2019-2020



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Join our Remind Group to receive important text notifications regarding Middle School Ministry:

For 6th Grade: text **@con2024** to the number **81010** using your mobile device

For 7th Grade: text **@con2023** to the number **81010** using your mobile device

For 8th Grade: text **@con2022** to the number **81010** using your mobile device

San Rafael Catholic Church

17252 Bernardo Center Drive, San Diego, CA 92128

Phone: 858-487-4314 Fax: 858-487-1498

www.sanrafaelparish.org

MIDDLE SCHOOL SERVICE PROJECTS

Lenten Service Project: Rice & Beans Collection

Casa de los Pobres is a Franciscan mission in the heart of Tijuana serving over 25,000 hot meals a month to the poorest of the poor. Against all odds in this economy, they have been able to keep their doors and hearts open. **As a Lenten almsgiving service project, the Middle School Ministry students will be collecting donations of bulk rice and beans during class on Thursday night, March 19.** Please have your children bring in donations of bulk rice and beans to class on Thursday night to put at the foot of the cross that we will set up that night. Help us create a huge "hill of beans" (and rice) to donate to the mission to reinforce the Lenten pillar of almsgiving among our children.

VOLUNTEERS NEEDED

Lenten Rice & Beans Collection Weekend, March 21-22

We will need at least three families at each Mass that weekend to stand out in front of the church to accept the donations of beans and rice as they are brought in before Mass and then take the donations collected and put them at the foot of the cross in the Parish Center. Please contact Lailani if your family can help us. Thank you!

Thanksgiving “Meal in a Bag”

Thanksgiving “Meal in a Bag” service project to help local families in need this Thanksgiving. We will be distributing paper grocery bags that our parishioners will fill with a list of Thanksgiving food items. We hope to provide meals for over 100 local families through our church and Friends & Family Community Connection with this service project.

VOLUNTEERS NEEDED:

November 9 & 10, after masses: 6 students per Mass to stand at the doors of the church after each of the Masses to distribute grocery bags to parishioners as they exit the church

November 16 & 17, before masses: Students/families to help collect filled food bags as parishioners drop them off at the church before all the Masses and help store the food in Room C.

Saturday, November 23, between 9am-12:00pm:

We will need students/families to help distribute the food bags to families as they come to the Pastoral Center at San Rafael to pick up the food.

Contact Lailani if you are able to help in anyway. Thank you!

ANNUAL MEDICAL RELEASE— Valid September 2019 – September 2020

Child's Name: _____

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 only those in accordance with your wishes:

In the event of an emergency, if you are unable to reach me at the provided numbers, please contact:

Name & Relationship: _____ Phone: _____

1. Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to may further treatment by the hospital or doctor.

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

1). Signature: _____ Date: _____

2. Other Medical Treatment:

Please notify me if it comes to the attention of the parish, its officers, directors and agents, and the Diocese of San Diego, chaperones or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea.

2). Signature: _____ Date: _____

3. Current Medications:

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows:

3). Signature: _____ Date: _____

4. Medications: Choose one of following options (A or B)

A. No medication of any type whether prescription or nonprescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

B. I hereby grant permission for nonprescription medication (Such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Please select: **A** **B**

4). Signature: _____ Date: _____

5. Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.):	
Immunizations: Date of last tetanus/diphtheria immunization:	
Does child have a medically prescribed diet?	
Any physical limitations?	
Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?	
Has child recently been exposed to contagious diseases or conditions, such as mumps, measles, chickenpox, etc.? If so, please provide date and disease or condition:	
You should be aware of these special medical conditions of my child:	

PHOTO/VIDEO RELEASE

I (parent/guardian) authorize the Office for Youth Ministry at San Rafael Parish, its representatives, or volunteers, to photograph or record on audio or video (tape or digital) of above named Participant ("my child") for purposes of furthering the mission of the Youth Ministry, in this specific case, the creation of publication materials for adults who participate in Youth Ministry at San Rafael Parish. Photos, audio, or video may be used in printed materials and any other visual display or media. I understand that such photos and/or video recordings will be used for OYM related purposes and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.

Signature: _____ Date: _____

MIDDLE SCHOOL MINISTRY

TEXT MESSAGE ALERTS

Please list cell number to receive text alerts – select which reminders you'd like to receive.

NAME	NUMBER (XXX-XXX-XXXX)	6 TH GRADE	7 TH GRADE	8 TH GRADE	1 ST YEAR	2 ND YEAR

EMAIL

Please provide email addresses for updates

NAME	Email address

Behavioral Expectations For All Students

Out of respect for oneself, and others, candidates are expected to:

- Behave appropriately and respectfully at all youth events and Confirmation sessions. Anything dangerous or illegal is of course prohibited.
- Use kind speech and no swearing/profanities.
- Arrive on time.
- Actively participate in Confirmation sessions and complete any weekly challenges.
- No cell phone or iPod use during Confirmation, Youth Events, and of course Mass.
- Dress modestly and appropriately: All undergarments must be covered, no skin-tight clothing, exposed midriffs, no low-cut tops, spaghetti strap tops, strapless or backless tops. No sagging, short shorts (must reach mid-thigh), or mini-skirts.
- Facilities must be used respectfully. If you move or borrow something please return it to its original place.

By signing, I understand the behavioral expectations

PARENT: _____ **STUDENT:** _____

SACRAMENTAL PREP

Does your child need Baptism, 1st Communion, or 1st Reconciliation? Please let me know.

Note: Confirmation Preparation begins in 9th grade

NAME	SACRAMENT(S) NEEDED