

## Saint Elizabeth Roman Catholic Church

PO Box 780 · Uwchlan, PA 19480  
610-646-6550 [adeedy@stelizabethparish.org](mailto:adeedy@stelizabethparish.org)

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August 1, 2009

Greetings from the Youth Ministry Office! I hope you are having a fun summer!

Once again this year, the Youth Ministry programs at Saint Elizabeth are here to help you keep your 7<sup>th</sup> or 8<sup>th</sup> grade teen connected to the parish and their peers by offering programs that will be faith-filled, educational, tons of fun and service-oriented. The purpose of this letter is to provide you with all the forms and any other information we think you will need. I am very excited to begin my second school year as the Youth Group Coordinator, and look forward to meeting many more teens and their families! After much prayer and discussion, I have implemented a few changes from last year, the biggest change being the regular meeting time for the Middle School Youth Group. Below is an overview of our 2 types of programs, additional information about special events, retreats and trips are included on our website, online calendar and monthly newsletter.

This year's programs are:

**FLY** – Middle School Youth Group: **FLY** (Faith Living Youth) will meet, generally, every other Sunday evening at SAINT ELIZABETH from **6:30** until **8:00 PM**. In addition there will be service opportunities, social nights & bigger events. Last year, over 50 teens from Saint Elizabeth, Downingtown Middle School, Lionville Middle School, Villa Maria, Devon Prep, & Owen J. Roberts participated. Over the summer of 2010 we will continue to offer fun trips and a weekend service retreat, more details to follow! *(Please see reverse side for our proposed calendar.)*

**SOUL** – Serving Others Using Love: We are hoping to gather an additional 6 times over the school year for service projects at the parish and in the community. Our Martin Luther King Day of Service is always such an awesome experience that we want to try to grow in love, and serve others all year long! These service opportunities will occur on weekends that regular youth group meetings are not scheduled.

There will also be a day retreat, social nights & diocesan events also. *(Please see reverse side for our proposed calendar.)*

In addition to myself, a team of parishioners will be assisting with coordination of FLY. I really am looking forward to the 2009-2010 school year and ask that you encourage your teen to participate in the programs that we offer. Please take the time to look over our Stewardship form to see how you can also participate in taking a faith walk with our youth. If you have any questions, please contact me at [adeedy@stelizabethparish.org](mailto:adeedy@stelizabethparish.org) or 610-646-6550 in the Parish Services Office.

Sincerely,

Amy Deedy  
Youth Group Coordinator

## **FLY**

*All of the Saint Elizabeth Youth Ministry Programs depend largely upon the active involvement of adult and young adult parishioners offering their stewardship to support our youth in forming a relationship with God. Parents of participating youth and other interested parishioners are encouraged to offer their time and talent to our programs as part of their commitment to Catholic Stewardship. Please take some time to prayerfully consider how you can best serve our youth by serving on our High School Ministry Team.*

### **\_\_\_\_\_ Snack Provider (Adult Coordinator Needed!)**

**Provide small snack for youth group meeting**

**No Direct Teen Ministry**

\_\_\_\_\_ Snack Coordinator (Sends reminders to snack providers)

Please circle a date:

September: 27<sup>th</sup>

October: 11<sup>th</sup> 25<sup>th</sup>

November: 8<sup>th</sup> 22<sup>nd</sup>

December: 6<sup>th</sup> 20<sup>th</sup>

### **\_\_\_\_\_ Service Team (Coordinator: Andrea Fiorello)**

**Assist with Service projects by assisting the coordinating and chaperoning**

**Direct Teen Ministry**

Choose an event, some dates not available yet:

\_\_\_\_\_ Good Works Lunch Crew (Saturday – once in fall / once in spring)

\_\_\_\_\_ Halloween Candy Collection (Weekend after Halloween – at Parish)

\_\_\_\_\_ Halloween Candy Sort/Wrap (November)

\_\_\_\_\_ Operation Santa Claus (Chester County Wrapping Center – December)

\_\_\_\_\_ Martin Luther King Day of Service (January)

### **\_\_\_\_\_ Social Team (Coordinator: Julie LaBarge)**

**Assist with Social events by assisting the coordinating and chaperoning**

**Direct Teen Ministry**

Choose an event, some dates not available yet:

\_\_\_\_\_ Kick-Off Luau (September 13<sup>th</sup> – 12:30 – 4:30pm)

\_\_\_\_\_ Christmas Caroling / Party (December 20<sup>th</sup> – 6:00-9:00pm)

\_\_\_\_\_ Movie Nights (October & November)

### **\_\_\_\_\_ Spiritual Team (Coordinated by Amy Deedy, Kathy Pry & Team of Adults)**

**Assist with planning and chaperoning meetings**

**Direct Teen Ministry**

Please circle a date:

September: 27<sup>th</sup>

October: 11<sup>th</sup> 25<sup>th</sup>

November: 8<sup>th</sup> 22<sup>nd</sup>

December: 6<sup>th</sup> 20<sup>th</sup>

### **\_\_\_\_\_ Chaperone / Driver**

**Can be contacted as needed for off-site events.**

Name: \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone – Home \_\_\_\_\_ Cell \_\_\_\_\_

## Saint Elizabeth Roman Catholic Church -Youth Ministry

### 2009-2010 Medical Emergency Information

Child's Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade (09-10) \_\_\_\_\_

Father's Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ e-mail \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Medical Coverage: \_\_\_\_\_

Plan/Group ID Numbers: \_\_\_\_\_

Subscribers Name \_\_\_\_\_ Subscribers DOB \_\_\_\_\_

#### Medical History

Does child wear contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Does child have heart condition? Yes \_\_\_\_\_ No \_\_\_\_\_

Does child have any ear or nose conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

Does child have diabetes? Yes \_\_\_\_\_ No \_\_\_\_\_

Does child have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Does child have epilepsy? Yes \_\_\_\_\_ No \_\_\_\_\_

List all allergies \_\_\_\_\_

List medications child is currently taking \_\_\_\_\_

Date of last Tetanus Toxoid Injection \_\_\_\_\_

List any other health concerns \_\_\_\_\_

My child has permission to be given Tylenol or Ibuprofen if they request \_\_\_\_\_ (Yes/No)

In the event of an emergency, I hereby give permission to the St. Elizabeth's Youth Ministry and staff to secure proper emergency treatment from a licensed physician or to facilitate transportation of my child to the nearest hospital for emergency treatment, or to

\_\_\_\_\_ Hospital.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SAINT ELIZABETH ROMAN CATHOLIC CHURCH**  
**PO Box 780, Uwchlan, PA 19480**

**Check one:**  **FISH (HIGH SCHOOL YOUTH GROUP)**  **FLY (7<sup>TH</sup> & 8<sup>TH</sup> GRADE YOUTH GROUP)**

**Student Membership Form: 2009 – 2010**

Member's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone \_\_\_\_\_

Student's Information (used for communication of events/updates)

Cell Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

School attending in 2009-2010: \_\_\_\_\_ Grade \_\_\_\_\_

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Father's Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Full (+Maiden) Name \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Adult responsible for the teen's religious education: (if address & phone differ from information above)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

Has this teen received the sacraments of:  Baptism?  First Eucharist?  Confirmation?

Please indicate any specific concerns (Academic, Physical etc...) which our Youth Ministry Team should be aware of for your teen:

\_\_\_\_\_  
\_\_\_\_\_

I give permission for pictures of my teen taken as a part of youth ministry activities to be used in any promotion of parish youth activities including the website.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return one registration form for each High School Youth Group Member.

**A \$50 membership fee and complete medical form, per teen, is due with registration. (over)**

**For Office Use Only:**

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_



## **Middle School Youth Group**

### **FLY**

Meeting Schedule - 2009-2010  
Sunday Evenings 6:30-8:00 PM

Sept 13  
Sept 27  
Oct 11  
Oct 25  
Nov 8  
Nov 22  
Dec 6  
Dec 20  
Jan 10  
Jan 24  
Feb 7  
Feb 21  
Mar 7  
Mar 21  
Apr 11  
Apr 25  
May 2  
May 16

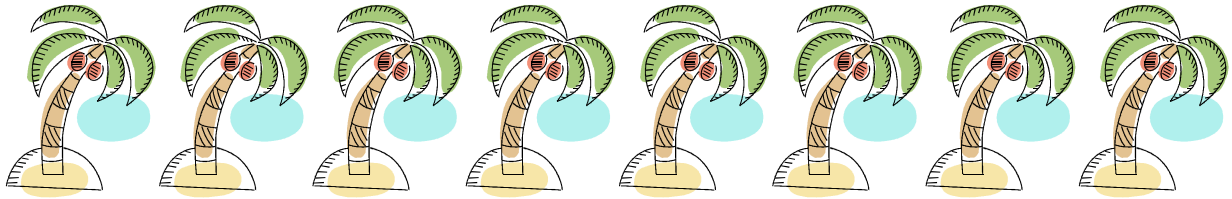
For more information, go to our parish website:

[www.stelizabethparish.org](http://www.stelizabethparish.org)

Click on Youth and Athletic Ministry ~ Middle School

To receive our monthly e-newsletter, or with questions, contact:

Amy Deedy ~ [adeedy@stelizabethparish.org](mailto:adeedy@stelizabethparish.org) ~ 610-646-6550



# Second Annual Youth Ministry Luau!!!

**Join us for our 09-10 Youth Ministry  
Kick-off!**

All registered & interested FLY (7<sup>th</sup> & 8<sup>th</sup>) and FISH (9<sup>th</sup> – 12<sup>th</sup>) youth are welcome for an afternoon of games, prizes, tons of snacks & lots of fun!

**Sunday, September 13<sup>th</sup> ~ 1:00 – 4:00pm**



**1:00pm – 2:30pm ~ Food & Games**

**2:30pm – 3:00pm ~ Concert**

**3:00pm – 4:00pm ~ Luau Competition / Games**

**\*Parent Meeting 1:30-2:30pm  
(Social Hall)**



**Special prizes will be awarded for the best**

**Modest "Luau" attire!**