

ST PAUL YOUTH COMMUNITY OUTREACH (SPYCO)

July 10th – 14th, 2017

“SPYCO” is a summer parish outreach activity, where St. Paul Youth gives back to the outer community and St. Paul Parishioners through service.

*Calling all incoming 6th - 12th grade students (2017-2018 school year) to join the “SPYCO” 2017 Service Week. Service includes helping the outer community and St. Paul parishioners. Are you willing to get off the couch... and **SERVE?!?!***

SPYCO service week:

Monday thru Thursday of that week, participants will gather at our Parish Center each morning at **the time listed below**. We will start off each day with our own prayer experiences. After our Morning Prayer time, the youth will gather in work crews to participate in crew team building activities and prepare for their day of service. Crews will travel to charitable organizations like Marilac Center and Brady Center and residences of parishioners to provide some help. This will expose participants to a variety of service opportunities.



Each participant **brings his/her own lunch** and the crews take time at their service site to eat, process their day and pray together. Time will be spent each day directed toward “service learning” activities based on our Catholic Social Teachings.

The cost for youth participants is **\$35** which covers daily snacks, T-shirt, work supplies for the week, transportation cost to sites, and a fun activity on Thursday during our closing day.

Registration form & payment due by May 22nd, 2017!



SPYCO Schedule Overview:

Monday, July 10th

- 8:30 am Drop off your child at the St. Paul Parish Center
- 8:30-8:45 Sign in and get T-shirts
- Then follow Tues – Thurs schedule

Tues – Thurs, July 11th – 13th

- 8:45 am Drop off your child at the St. Paul Parish Center
- 8:45 – 9:30 Sign in, Prayer session, load up for service
- 9:30 – 2:00 Head out to service locations and do outreach activities
- 2:30 – 3:15 Return to parish center, have snacks and wind down
- 3:15 - 3:30 Pick up your child in car line in front of St. Paul Parish Center

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This week is only possible with the help of caring Adult Leaders!!!

Space availability for youth participation is based on the number of Safe Environment “cleared” adult leaders who are willing to commit for the whole week. Every student will be put on the “waiting list” until there are enough adults to move them to the “participant list” in order that we receive their forms. Youth registrants will be notified, by the Youth Ministry office VIA EMAIL, if they are on the “participant list” or if there were put on the “wait list”

If you are interested in volunteering as an adult leader

Please contact Kimberly Garza at Kimberly@saintpaulchurch.org or (972)235-2598

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JUST SO YOU KNOW...Here's what ALL Participants of SPYCO must agree to!

CODE OF CONDUCT for "SPYCO" Service Week participants:

1. I agree to treat other participants, leaders, staff, clients and residents with respect and understand that all adult leaders have the authority to discipline me.
2. I will always follow the schedule and guidelines given to me.
3. I understand that alcohol, weapons (including ALL knives), fireworks, tobacco products of any kind, illegal drugs and profane or abusive language are NOT ALLOWED on any part of this activity. (Prescription drugs for minors must be dispensed by adult leader except inhaler.)
4. I understand that I represent **St. Paul Catholic Church** and agree to behave in a Christian and positive manner at all times. I further agree to dress appropriately during this activity. **(Shorts should be at least fingertip length).**
5. Sexual indiscretion (includes inappropriate touching) is prohibited at all times and in all cases.
6. No participant is allowed to leave before activity conclusion, without written parent permission
7. In the event of an emergency or other need to contact any participants, the staff must know where I can be located, therefore I agree to stay with my assigned group at all times.
8. I agree to arrive no earlier than 10 minutes prior to scheduled start time of event and **be picked up no later than 3:40 PM everyday.** By attending this function all participants agree to stay until the function's conclusion, unless they have a medical emergency. I realize that I, and my parents, will be financially responsible for any damage I do to others' property, facilities or vehicles.
9. I understand that if I choose to violate any part of this "code of conduct", I run the risk of having my parents notified by phone, or in person, and asked to pick me up, immediately. (This determination will be left to the *discretion of the event coordinator.*)
10. I understand SPYCO is a "service" activity. I WILL be called to WORK as part of a crew!
11. *SPYCO NAME TAGS* must be worn and visible AT ALL TIMES. This holds your name tag and medical release form.

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My child and I have read and agree to the "Code of Conduct"

Signature of Youth Participant

Date Signed

Signature of Parent/Guardian/Conservator

Date Signed

PRINTED Name of—Parent, Guardian, Conservator _____

Please Note: Since space availability for participants is based on the number of "Cleared" Adults committed to the week, participants will be emailed if they are in or on the waiting list, with additional specific information, once they have registered for the event.

SPYCO YOUTH REGISTRATION FORM

July 10th – 14th, 2017

Cost: \$35 (make checks payable to "St. Paul") – Deadline is May 22nd, 2017
Please return form & payment to the Youth Ministry Office located in the Parish Center.

After your Registration form is received, you will be notified, via email, as to whether you are on the "Participant List" or the "Wait List" (Number of youth participants is limited to the number of "cleared adults" we have committed for the week). For more information, contact Kimberly Garza at Kimberly@saintpaulchurch.org

PLEASE PRINT—YOUTH INFO: Circle T-Shirt Size: Youth L or Adult S M L XL 2XL 3XL 4XL
Please specify YOUTH L or ADULT SIZE above.
We would like to donate additional funds for scholarships and supplies...here is our donation of \$ _____

Last name _____ First name _____ D.O.B ____/____/____ Gender: M or F

Hm. Address _____ City _____ State _____ Zip _____

Youth E-Mail _____ Parent E-Mail _____

Grade (2017-2018 school year) _____ One friend I would like to be grouped with: _____ (no guarantees)

PARENT, GUARDIAN or CONSERVATOR – INITIAL any that apply. ****DO NOT INITIAL ALL AREAS AS ONE MAY CANCEL OUT ANOTHER****

_____ This child takes **no** medication and will bring **no** medication with him/her.

_____ This child takes medication/s and will self-medicate. The child will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated to keep medication(s). I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location. Names of medications and exact dosage and frequencies/times are as listed below:

NOTE: Should your child have an Emergency Injection Device (Epi-Pen), Diabetic Condition, Asthmatics with a rescue inhaler, or other special medical condition, it is important to provide a clear description as to the nature of the medical condition and any medication. This is important for situations where the youth becomes unable to self-administer these treatments and to communicate with Emergency Response Personnel. If a child, who is normally able to self-administer these medications becomes unable to self-administer or is in distress, youth ministers, volunteers, or other parish personnel will immediately call 911 to summon Emergency Medical Personnel to respond to the medical emergency. **Youth minister, volunteers, and other parish personnel are NOT trained to administer these types of emergency medications.**

_____ This child takes medication but is **unable to self-medicate**. Child's parent/guardian/conservator will provide all medications, for an adult to dispense.

_____ **I grant permission** for the following nonprescription medication to be given to this child:

Non-aspirin/pain reliever Yes _____ No _____ # of tablets per dosage _____ Throat

Lozenge Yes _____ No _____ Decongestant Yes _____ No _____ # of tablets per dosage _____

Antacid Yes _____ No _____

Antihistamine Yes _____ No _____ # of tablets per dosage _____ Other _____ Dosage _____

Specific Medical Information:

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: (date of last tetanus/diphtheria immunization) _____

Other Medications child currently takes: _____

Any physical limitations: _____

Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? Y N
If so, date and disease or condition. _____

Any other special medical conditions of this youth that we should be aware of?

_____ **No medication of any type**, prescription or nonprescription, may be given to this child, unless emergency treatment is required in life-threatening case.

