



“Blaze & Belong”

Middle School Girls' Bible Study 2022/2023

Name: _____

Address: _____

Child's Month & Date of Birth: _____ Age: _____

Current Grade as of Sept. 2022: _____ School: _____

Parish: _____ Best Contact #: _____

Best Email for Contact: _____

Mother/Guardian's Name & Cell No: _____

Father/Guardian's Name & Cell No: _____

Emergency Contact Name/Cell #: _____

Food/ Drug / Environmental Allergies:

Other physical or emotional conditions or situations you would like us to be aware of: _____

Fee for Bible Study: \$15.00 (Covers snacks at each meeting.) Cash or check made payable to Our Lady of Guadalupe.

You are required to purchase your own “Blaze and Belong” kit(s).

If you are returning to Blaze/Belong this year, you do not need to purchase another kit. We will be starting Belong almost from the beginning so any new girls can catch up. Our topics were so good, it will be great to discuss them again. If you are new to the program, you will need to purchase your "Belong" kit directly from the company. Please do not open it in front of your daughter. You can open it to see what is in there, but please don't let her see. You will bring the entire kit to the first class she attends. I will keep the kits and they will receive their give-a-way for each meeting as outlined by the program. The website to order the kit is listed here.

https://walkingwithpurpose.com/bible-study/?id=middle-school-girls#_tabs_contents-43-20772

Facilitator: Lisa Kopertowski / Director of Youth & Young Adult Ministries

**All questions should be directed to Lisa Kopertowski.
youthministry@olguadalupe.org or call #267-337-2822.**

This year our study will run on 2nd and 3rd Sundays every month, (with some exceptions,) from 11:00 am. – 12:30 pm. in the Frassati Youth Room in the PLC / 2nd Floor. The first meeting will take place on Sunday, September 11, 2022. Any girl can join the program at any point during the year.

Date of last tetanus shot: _____

Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:

Food _____ Drug _____

Environmental/Other _____

Physical Limitations of which we should be aware: _____

My child requires the following medicine: _____ Frequency _____

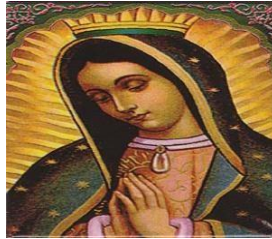
My child has permission to be given Tylenol or Ibuprofen if they request it. Yes _____ No _____

In case of Medical Emergency, I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless Our Lady of Guadalupe Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability:

_____ Date: _____

Signature of Parent or Legal Guardian

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Consent Form for Electronic Communication with Minors

Permission of the parent or guardian must be obtained, in writing, for an adult leader to communicate with minors via telephone, cell phone, text messaging, e-mail, social networks, or other electronic means.

Name of Participant/Youth: _____

Address: _____

City/Town, State and Zip Code: _____

Home Phone: _____ Parent/Guardian Cell Phone: _____

Parent/Guardian E-mail: _____

Signature of Parent/Legal Guardian: _____

Print Name of Parent/Legal Guardian: _____

Please Note: By providing the email address and cell phone number of a minor, the parent or guardian grants permission for electronic communication from the group leader to this young person about all group related activities, as well as from individuals on the Youth Ministry Leadership Team and other adult leaders who are associated with the Youth Ministry Program and help organize events and rides.

Teen Participant's e-mail: _____

Teen Participant's cell phone: _____

I would prefer that all electronic communication with my child be sent through the following Parent's / Guardian's email.

Initial and sign for Parent Communication ONLY: _____

Name of Parent or Guardian _____

Parent/Guardian E-mail for Electronic Communication: _____

Signature of Parent or Guardian _____ Date: _____



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Consent Form: Posting Pictures/Videos of Minors

Parish Organization: YOUTH MINISTRY
Parish: OUR LADY OF GUADALUPE

To protect the privacy of youth, permission must also be obtained, in writing, from the parent or guardian before sharing/posting pictures or videos of minors. (Please check the one which applies.)

_____ I give my permission for my child's picture, with name, to be posted on the parish website, parish social network page and/or church bulletin, associated with this parish organization.

_____ I give my permission for my child's picture, without name, to be posted on the parish website, parish social network page and/or church bulletin, associated with this parish organization.

_____ I do not give permission for my child's picture to be posted on the parish website, parish social network page and/or church bulletin.

Name of Child

Name of Parent/Guardian - please print

(Date)

Signature of Parent/Guardian