

## **Matthew 25 Registration**

**June 18-22, 2018**

**Cost: \$75**

**Due Date to participate in the fundraiser: April 1st**

**Due Date to participate in Matthew 25 Work Camp: May 20th**

### **Work Camp Information and Expectations**

Matthew 25 Work Camp is made up of three components to make the experience a good one for every Work Camper:

1. Fundraising
2. Formation
3. Work Camp Week

All three together make the Work Camp experience successful, Holy Spirit-filled and productive for supporters, participants and recipients of Work Camp. Work Campers are encouraged to participate fully in each of these areas of the program to ensure a great experience.

#### **Fundraising for your Work Camp experience**

We want everyone to be able to experience Work Camp. Fundraising events can eliminate the expense. Participation in the fundraiser provides the Work Camper the opportunity to get to know others that are participating in Work Camp. Funds generated from these events will go into individual Work Campers accounts. All are encouraged to raise more than necessary to help everyone afford the Work Camp experience. The success of our fundraising requires the participation from both the Work Campers and PARENTS. Fundraising also raises the awareness in the Work Camper that they are being supported by the community. It is important to feel supported by family, friends and the parish community and for those same groups to feel like they are helping in this outreach.

#### **Formation is essential to the success of Work Camp**

Work Campers, youth and adult, are asked to participate in formation activities. Participation in formation sessions affords the work camper an opportunity: to get to know other work campers; to engage in positive community building experiences; and to connect Faith, Scripture, and Church Traditions to the work camp experience.

Here are the fundraising and formation dates that you need to put on your calendar:

- **Sunday, March 18<sup>th</sup> - Ice Cream Social, Formation meeting and flower packets handed out at Good Shepherd (12:15-2:00pm)**
- **March 18-May 6 Flower Sale (Pickup on May 19):** Work Campers sell flowers to their friends, family and neighbors to receive a portion of the sales toward their account. In addition to individual selling, we also ask that work campers help at Masses (at Good Shepherd) to sell to parish members on the dates below.
- **Apr 28/29 Sell flowers after all Masses (at Good Shepherd). Volunteers needed to speak at Masses.**
- **May 5/6 Sell flowers after all Masses (at Good Shepherd)**

- May 6, Flower orders due
- Saturday, May 19 6:15am-11:00am Flower Sale Pick-up (ALL work campers are expected to help)
- Saturday, June 16 4:30pm Commissioning Mass & hospitality
- June 18-22 Matthew 25 Local Work Camp
- Sunday, July 15 - 9:30am Mass and 10:30am Brunch Hospitality at Good Shepherd to thank parish community and your friends and family who supported you. Invite them all to welcome us home, hear our stories, celebrate Mass and enjoy hospitality.

### **The Matthew 25 Work Camp Week June 18-22**

Work Campers meet at Good Shepherd at 8:00am Monday, Tuesday and Thursday and Friday. Drop off time is 12:00pm on Wednesday. We will travel in assigned Work Camp groups to assist in serving food, do yard or landscaping work, make/serve lunches, assist the elderly, paint and other service projects throughout the Milwaukee and Waukesha Counties. Work Campers will interact with the people they serve. They will also learn a lot about themselves, what Jesus teaches in Matthew chapter 25 and how serving the poor, homeless and needy can make a difference in their lives as well as in the lives of the people they serve. Places we have gone in the past include: House of Peace, St. James the Gathering, Open Door Café, Luther Manor, Arboretum, St. Ben's, St. Michael's, Dismas Ministries, Repairers of the Breach, St. Francis, Agape Community Center and the list is growing each year. Work Campers will be ready to be picked up from camp at 4:30pm on Monday, Tuesday and Thursday; 8:30pm on Wednesday and 2pm on Friday.

It's a great week of fun, friendship and faith that has changed world views and lives of those who have attended in the past.

Please call 262-345-3897 or email Corinna [ramseyc@archmil.org](mailto:ramseyc@archmil.org) if you have any questions.

Thank you for your Love of Christ through serving others!

Corinna

Director of Youth and Young Adult Ministries

- **St. Mary participants return Registration form and payment (check made out to Good Shepherd Catholic Church) attn: Rose Von Rueden, to St Mary Parish, N89 W16297 Cleveland Ave. Menomonee Falls 53051, also via mailbox in school office or hand in at CF class. ???s > 262-251-1154**

**Matthew 25 Local Work Camp 2018**  
**Provided by Menomonee Falls Area Parishes**  
**Registration/Permission Form and Parent/Legal Guardian Agreement**

**PLEASE PRINT:**

**CHILD/WARD:** \_\_\_\_\_ **GRADE(April2018):** \_\_\_\_\_

**PARISH:** \_\_\_\_\_ **-Or- I am a guest of** \_\_\_\_\_

**PARISH/SCHOOL:** Good Shepherd, St. James, St. Joseph and St. Mary

**DESIGNATED SUPERVISOR OF ACTIVITY:** Corinna Ramsey; Youth Minister **PHONE:** 262-345-3897

**ACTIVITY:** AS OUTLINED IN REGISTRATION ABOVE **DATES:** June 18-22, 2018 **TIME:** varies by day

**DATE AND TIME OF ACTIVITY:** AS OUTLINED IN REGISTRATION ABOVE

**METHOD OF TRANSPORTATION:** Bus and/or Cars from Good Shepherd, parents get their children to Good Shepherd and pick them each day

**STUDENT COST:** \$75 (\$25 deposit with registration) **payable to Good Shepherd** Deposit Received: \_\_\_\_\_

In consideration for my child/ward participation, I agree to reimburse and indemnify the churches/parishes for all reasonable legal and court fees incurred by the churches/parishes in defending a lawsuit that I or my child/ward may bring against the churches/parishes, which relates to the above named activity if the churches/parishes are found not legally liable by the courts and prevails in the lawsuit.

If the churches/parishes are found legally liable for injuries sustained by son/daughter/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I have the opportunity to fully discuss this agreement with a representative of the churches/parishes to clarify any concerns or questions about the activity or this agreement that I may have.

As parent or guardian of the above named student, I give permission for my child to participate in the field trip described above:

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Home # Work # Cell #

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me at the above numbers, contact:

**Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

I/we agree that in case of injury or medical emergency, I understand that a reasonable effort will be made to contact me. In the event that I cannot be reached, I hereby give permission for the physician selected by the Good Shepherd employee or Good Shepherd's representative to hospitalize, to secure proper treatment for, and to order injection, anesthesia, medication, or surgery for my child.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**Name of Child's doctor** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**Other Medical Treatment:** In the event that the child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, do you grant permission for supervisors to give your child non-prescription medication, such as acetaminophen, throat lozenges, cough syrup, or antacid?

\_\_\_\_\_ Yes \_\_\_\_\_ No, I wish to be contacted first.

**Medications:** List all medication names, prescription and over-the-counter, that the student currently takes at home and during the school day so we know what they may have in their system on a normal camp day:  
\_\_\_\_\_  
\_\_\_\_\_

Please list all prescription medications that we will have to administer **during the camp day**. (Name, dose, route given and frequency):

**Medical Provider Consent:** Required only for prescription medications listed above.

I authorize Good Shepherd Catholic Church to give the above prescription medication(s) to this student.

**Inhaler and Epi-Pen Only:** This student and his/her parents have been instructed in self-administration and the student may carry an inhaler or Epi-Pen and self-administer. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Print Medical Provider Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Consent for Medical treatment and administration of medication**

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. I give Good Shepherd Catholic Church permission for emergency and other medical treatment, including the administration of the above prescription and non-prescription medication(s).

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Inhaler/Epi-Pen Only:** My child may  or may not  carry and self-administer.

**Food Allergies?** No  Yes  If so, what are you allergic to? \_\_\_\_\_

**Photo & Video Release**

I hereby give my permission to Good Shepherd Catholic Church for photographs and/or videos that may include my child's image to be used in promotional materials. This includes any prints, slides, copies, reductions, or any other processes or treatments necessary to make a photograph/video for reproduction purposes. I release all rights and privileges for financial obligations for this permission.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please list any health information that might be needed by our staff or health emergency personnel: allergies, chronic conditions, recent or current injuries, etc.**

**Parent email(s)** \_\_\_\_\_

**Youth email** \_\_\_\_\_

**SHIRT SIZE FOR YOUTH (Adult Sizes):**      S      M      L      XL      OTHER \_\_\_\_\_

**\*\*Contact me, I would like to help chaperone for one or more days:**

Adult Chaperone Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Email address if different than parent's: \_\_\_\_\_

Availability of chaperone: M T W Th F      T-shirt size of Chaperone: \_\_\_\_\_  
\_\_\_\_\_ I would like to be placed with my child's team      \_\_\_\_\_ I would like to be placed in another team

**\$25 Registration Fee for youth (Non-refundable) \_\_\_\_\_ (Total cost of the week is \$75)**

**Please make checks payable to Good Shepherd Catholic Church**

**N88W17658 Christman Road, Menomonee Falls, WI 53051**