



Application Procedure:

- Ascension Youth Ministry is sponsoring a service trip this summer with the Young Neighbors In Action (YNIA) July 8th – 13th to Detroit, MI.
- A non-refundable deposit of \$100 must be submitted with each application. Your application will not be considered complete without the deposit. If you are unable to provide the deposit with the application, please contact Dan Lawler, Director of Youth Ministry, before the application deadline.
- Teens will be given opportunities to fundraise to help subsidize the total cost of the trip. At our first meeting, participants will sign up for specific fundraisers to earn credit. Credit will only be given for full participation in fundraisers. Participants are also encouraged to fundraise at least \$350 through the Letter Writing and Shopping Certificate programs. The remaining balance must be paid by **June 1st**.
- Completed applications can be turned in at the Parish Center at the address below in an envelope labeled YNIA. **November 11th** is the deadline for applications. A completed application consists of:
 - The application form.
 - The Participation Covenant.
 - The deposit fee of \$100.
- The calendar and other information can be found on the website at www.ascensionchurch.com/youth
- If you have any questions or concerns you can contact Dan Lawler.
 - 808 S. East Ave. Oak Park, IL 60304
 - Office: (708) 434-1555
 - Email: dlawler@ascensionchurch.com

2011-2012 Budget

<u>ASP</u>	<i>15 work crews</i>	<i>Actual</i>	<i>Per Teen</i>
ASP Registration	\$32,645.00		
Vans	\$9,154.35		
Gas	\$6,000.00		
T-shirts	\$1,575.00		
Misc	\$500.00		
Total Expenses	-\$49,874.35		-\$664.99
Adult Deposit	\$3,000.00		
Teen Deposit	\$7,500.00		
Balance	-\$39,374.35		-\$524.99

<u>YNIA</u>	<i>10 participants</i>	<i>Actual</i>	<i>Per Teen</i>
YNIA Registration	\$3,590.00		
Misc.	\$100.00		
YNIA Vans	\$824.00		
YNIA Gas	\$300.00		
Total Expenses	-\$4,814.00		-\$601.75
Adult Deposit	\$200.00		
Teen Deposit	\$800.00		
Balance	-\$3,814.00		-\$476.75

<u>JUST 5 DAYS</u>	<i>30 participants</i>	<i>Actual</i>	<i>Per Teen</i>
Program Fees	-\$8,250.00		
Van Rentals	-\$2,250.00		
Gas	-\$875.00		
Total Expenses	-\$11,375.00		-\$455.00
Deposit	\$3,000.00		
Fundraising	\$8,750.00		
Total Income	\$11,750.00		\$470.00

<u>Fundraising</u>		<i>Actual</i>	<i>Per Teen</i>
Lamb Cakes Sale	\$1,500.00		
Stock Sale	\$6,000.00		
Bake Sale	\$2,000.00		
Flower Sale	\$2,700.00		
Pancake Breakfast	\$1,000.00		
Mission Day	\$1,000.00		
Net	\$14,200.00		\$171.08
<i>Individual Fundraising</i>	<i>\$ 29,050.00</i>		<i>\$ 350.00</i>

Service	
<u>Pads</u>	
Projected Cost	-\$880.00
Actual Cost	

Social	
Our social activities are self	
<u>Teen Takeover</u>	
Expenses	-\$5,307.16
Income	\$5,750.00

<u>Vicariate Dinner</u>	
Projected Cost	-\$500.00

<u>Open Gym</u>	
Projected Cost	-\$500.00
Actual Cost	

Spiritual	
All of our spiritual activities are self funded including the Youth Ministry Mass, Freshman Sophomore Retreat and Kairos Retreat.	

<u>Administrative</u>	
Projected Cost	-\$1,400.00
Actual Cost	

Projected Donation	\$4,000.00
Actual	

Total Expenses	-\$63,150.51
Total Income	\$64,750.00
Net	\$1,599.49

Young Neighbors in Action

Combined Consent and Health Form

(Your signature at the end indicates your consent and acceptance of the provisions included in this document.)

Young Neighbors in Action Program Site _____

Program Starting Date (month/day/year) _____

Name _____ **Date of Birth** _____

Parish/School _____ **City & State** _____

Age _____ **Sex** _____ **Home Phone ()** _____

Work Phone: Father () _____ **Mother ()** _____

Mailing Address _____

City/State/ZIP _____

PARTICIPATION CONSENT: I, (Name of Parent or Guardian) _____
grant permission for my son/daughter to participate in the *Young Neighbors in Action* program.

LIABILITY WAIVER: I will not hold the Center for Ministry Development, the program facility, or the service agency responsible in the event of any injury or accident to my son or daughter while participating in the *Young Neighbors in Action* program and/or traveling to and from program activities.

USE OF PHOTOS: I give the Center for Ministry Development permission to use photos or videos of my child taken during program activities for future program promotion purposes.

STATEMENT OF HEALTH: I hereby warrant that, to the best of my knowledge, my child is in good health and able to participate in all program activities. (Please submit a statement indicating limitations and/or conditions of which we should be aware.)

INSURANCE INFORMATION

Family Health Insurance Co.: _____ **Policy No.** _____

MOST RECENT PHYSICAL EXAMINATION (Provide information on your child's most recent examination)

Date of Examination: _____

Physician or Clinic: _____ **Phone** _____

Physician/Clinic Address _____

IMMUNIZATIONS: (Please provide date of latest tetanus immunization)

MEDICATIONS: Any medications brought to the program should be clearly labeled and in their original container. Please list any prescription or approved non-prescription drugs your child is presently taking. Include product name and physician's instructions on dosage and frequency.

I understand that all prescription medication will remain in the possession of the adult team leader and be dispensed as prescribed. I grant permission for non-prescription medication (such as ibuprofen, acetaminophen, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

If there are any non-prescription drugs you do not want administered to your child please list them below:

ALLERGIES (Please attach a statement noting all known allergies, including how the child has been treated and with what medication. If medications are needed occasionally or regularly, please send them with your child in case of need.)

OPERATIONS OR SERIOUS INJURIES (Within the past 18 months)

Operation/Injury _____ **Date** _____

COMMUNICABLE DISEASES: Please notify CMD if your child has been exposed to any communicable disease (mumps, measles, chicken pox, etc.) within three weeks prior to attending the *Young Neighbors* program.

MEDICAL EMERGENCY

In case of medical emergency, I understand that every effort will be made to contact the parents or guardians of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the *Young Neighbors* program director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

SIGNATURE OF PARENT OR GUARDIAN

I certify that the above information is correct and give permission for my child to be transported in privately owned vehicles and/or via public transportation for approved *Young Neighbors* program activities; and for the release of medical records to an attending physician in case of illness.

I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in the *Young Neighbors* program.)

Signature _____ **Date** _____

RETURN TO: **The Leader of your parish or school *Young Neighbors in Action* Team.**