



2019-20  
Youth Ministry  
Registration Form

Youth Last Name:

**FAMILY INFORMATION**

MOTHER'S NAME: \_\_\_\_\_ CELL PH: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL PH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PH: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PARENT(S) EMAIL(S): \_\_\_\_\_

**EMERGENCY CONTACTS (other than parents)**

NAME: \_\_\_\_\_

RELATION: \_\_\_\_\_ HOME PH: \_\_\_\_\_ CELL PH: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATION: \_\_\_\_\_ HOME PH: \_\_\_\_\_ CELL PH: \_\_\_\_\_

**RELEASES**

**RELEASE FOR PHOTO USE ON BPC WEBSITE, SOCIAL MEDIA, AND VARIOUS PUBLICATIONS**

Burke Presbyterian Church uses a variety of media to share with the community and the world the life and ministry of BPC. In doing so we, at times, post pictures of individuals or groups of people participating in BPC activities. These materials will not include any identifying information with any photos. Please indicate below whether or not you give your permission for us to post a photo taken that includes your son or daughter.

YES, I GIVE PERMISSION

NO, I DO NOT GIVE PERMISSION



Youth Last Name: \_\_\_\_\_

**BPC YOUTH DIRECTORY**

In order to assist our youth in getting to know one another this year, we are preparing a special Youth Directory to be used only by youth and adult leaders and will include names, phone numbers, street, email addresses, and a photo of youth participants. The directory is not to be copied or used for any other purpose without express permission. Please indicate if you approve your student's inclusion in this document.

YES, I GIVE PERMISSION

NO, I DO NOT GIVE PERMISSION

**MEDICAL RELEASE**

Burke Presbyterian Church, its employees and Youth Connections volunteers, have my permission to admit my child(ren) to the nearest doctor and/or hospital for medical treatment should the need arise while participating in church-sponsored events in my absence. The doctor and/or hospital will use this permission statement as authority to administer medication and/or treat my child(ren) if necessary.

YOUTH NAME(S): \_\_\_\_\_

HEALTH CARE PROVIDER OR DOCTOR'S NAME:  
\_\_\_\_\_

PHONE: \_\_\_\_\_ INSURANCE PROVIDER: \_\_\_\_\_

POLICY #: \_\_\_\_\_

I hereby grant my permission to the Medical Release and the other two releases above as reflected by my mark.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
PARENT OR GUARDIAN / PARENT OR GUARDIAN / DATE  
(SIGNATURE) (PRINTED NAME)

**Please note that BPC subscribes to a Safe Church Policy which requires that all who work with our youth to participate in Safe Church training and complete accompanying paperwork.**

# Spiritual Growth Offerings for Youth at BPC

## *Building Faith in Youth*

We at Burke Presbyterian Church take seriously our baptismal promise to welcome and nurture youth on their journey of faith. Here are some of the ways in which we fulfill that promise:

### **Youth Connections (IMPACT & Youth Group)**

Youth Connections is our weekly Sunday evening program offering young people an opportunity to develop deeper relationships with their peers and adult volunteers on their faith journey.

#### **Our Weekly Schedule –**

4:00 – 5:10 PM	IMPACT
5:10 – 5:20 PM	Break
5:20 – 6:30 PM	YOUTH GROUP
6:30 PM	Dismissal

### **IMPACT Youth Choir**

IMPACT (Inspiring Music and Praise, Acclaiming Christ Together) is the youth choir at BPC. The choir is open to all youth in grades 7-12 and rehearses on Sundays from 4-5:10 PM. Our youth sing a variety of music from contemporary to gospel to more traditional. IMPACT leads regularly in worship, typically on the 2nd and 4th Sundays of the month. Several times per year the choir presents a concert at a local nursing or retirement home. In June, IMPACT takes a choir tour to share the love of Jesus Christ through music. They typically sing in churches and nursing homes, have service opportunities, and experience fun and recreation.

### **Youth Group**

Youth Group is open to all youth in grades 7-12. In our effort to welcome and nurture youth on their journey of faith, Youth Group is intentionally designed to offer youth opportunities to grow in their faith through spiritual exploration, fellowship, and mission. During the course of any month, it is our intention to offer youth a variety of opportunities on and off site to nurture their spiritual growth. Our youth group discussions and studies are led by adult and youth volunteers who are committed to creating space for students to have vibrant, growing relationships with Jesus. Youth Group meets from 5:20 – 6:30 PM on Sunday evenings as reflected in our monthly newsletter.

### **Sunday School**

Our Senior High Sunday School class meets Sunday mornings from 10:15-11:00 AM and all youth in 7-12<sup>th</sup> Grades are invited to participate. We gather each week to study and enjoy, to be comforted and challenged by the stories of the Bible and to connect with the community of faith.

### **Confirmation**

Youth Ministry at Burke Presbyterian Church calls Youth to follow Jesus Christ. Our ministry is an intentional ministry between adults and youth. As a part of the overall youth ministry program at Burke, which seeks to connect youth to each other, to Jesus Christ and to the Church, the Confirmation Class (open to any youth wishing to take the class, but generally includes 8<sup>th</sup> and 9<sup>th</sup> graders) is an integral step on a young person's journey. Confirmation Sponsors work with, guide, and develop relationships with the Confirmand in a true ministry of presence as the Confirmand becomes an active member of the church through faith in Jesus Christ as Savior and acceptance of his Lordship in all of life. Along the journey, our Confirmands explore and experience their faith and confirm their Baptismal vows. Engaging in this ministry of presence in this young adult's life is a loving and gracious welcome for young people as they become members of Christ's church.

**For more information about Youth Ministry at BPC, go to [www.BurkePresChurch.org](http://www.BurkePresChurch.org), or contact Adam Ogg, Associate Pastor of Youth Ministries at 703-764-0456 or [adam@BurkePresChurch.org](mailto:adam@BurkePresChurch.org)**

**PLEASE COMPLETE THIS INFORMATION SECTION FOR EACH YOUTH**

YOUTH NAME: \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_

**CHECK PROGRAMS YOUR YOUTH WILL PARTICIPATE IN:**

YOUTH CONNECTIONS       IMPACT CHOIR       SUNDAY SCHOOL       CONFIRMATION

BIRTH DATE: \_\_\_\_\_  MALE       FEMALE

GRADE ENTERING IN FALL:  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup> SCHOOL: \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_ CELL PH: \_\_\_\_\_

TEE SHIRT SIZE:  S     M     L     XL     2XL     Other: \_\_\_\_\_

HOBBIES/SPECIAL INTERESTS/SPORTS/ETC.: \_\_\_\_\_

\_\_\_\_\_

LIST ANY SPECIAL NEEDS SUCH AS ADD, AUTISM, EPILEPSY, ASTHMA, ETC: \_\_\_\_\_

\_\_\_\_\_

LIST ALL FOOD ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

LIST OTHER ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

DOES YOUR YOUTH HAVE AN EPI-PEN?       YES       NO

IS YOUR CHILD TAKING ANY MEDICATION REGULARLY?  YES       NO

IF YES, PLEASE GIVE NAME AND DOSAGE OF MEDICATION AS WELL AS SYMPTOMS TO WATCH FOR:

\_\_\_\_\_

MAY BPC ADULT LEADERSHIP GIVE YOUR YOUTH ANY OF THE FOLLOWING OTC MEDICATIONS? (PLEASE CHECK YES FOR EACH MEDICINE):

EPI-PEN     ACETAMINOPHEN/TYLENOL     IBUPROFEN/MOTRIN       BENADRYL

OTHER INFORMATION YOU WISH TO SHARE CONCERNING YOUR CHILD OF WHICH WE SHOULD BE AWARE (EX. SENSITIVITY TO LOUD NOISE, DIFFICULTY WITH TRANSITIONS, STRATEGIES THAT DO OR DO NOT WORK, ETC.):

\_\_\_\_\_

**PLEASE COMPLETE THIS INFORMATION SECTION FOR EACH YOUTH**

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STUDENT EMAIL: \_\_\_\_\_ CELL PH: \_\_\_\_\_

TEE SHIRT SIZE:  S     M     L     XL     2XL     Other: \_\_\_\_\_

HOBBIES/SPECIAL INTERESTS/SPORTS/ETC.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY SPECIAL NEEDS SUCH AS ADD, AUTISM, EPILEPSY, ASTHMA, ETC: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ALL FOOD ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_

LIST OTHER ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_

DOES YOUR YOUTH HAVE AN EPI-PEN?       YES       NO

IS YOUR CHILD TAKING ANY MEDICATION REGULARLY?  YES       NO

IF YES, PLEASE GIVE NAME AND DOSAGE OF MEDICATION AS WELL AS SYMPTOMS TO WATCH FOR:  
\_\_\_\_\_  
\_\_\_\_\_

MAY BPC ADULT LEADERSHIP GIVE YOUR YOUTH ANY OF THE FOLLOWING OTC MEDICATIONS? (PLEASE CHECK YES FOR EACH MEDICINE):

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