April 2016

Dear Parents,

I have attached a copy of the upcoming events for this month and some teasers for May and the Summer. In order to better serve you, please help us plan and prepare by letting us know what activities your students are planning to attend, where you might be available to help and ways we might be better able to help and support you.

As it is our monthly tradition, every first Saturday of the month, we send a group to Beacon Light Mission to help in serving the homeless. This is a great opportunity to be reminded of how we are blessed and how we can help others.

Some of our events this month are simply focused on building relationships, and having fun. Dessert and Game Night (Wed, Apr 6) and our Men’s BBQ (Sat Apr 9th) will be focused on this.

Some of our events are focused on providing information and helping to plan and prepare. The Jill’s House info meeting (Sun Apr 10) and the Student Leader Meeting (Wed Apr 13) are the two for this month.

Planet Wisdom is an event that is a blend of fun and depth. Yes this event is targeted for Middle Schoolers and High Schoolers, but the program is great for any age and many adults have been encouraged and challenged by this. Several college students have pushed to return to Planet Wisdom events. This year will be the last year that the Skit Guys will be participating.

This year we will be participating in the Christian Ministries Training Association’s Student Leader Training Summit. There will be 12 Youth Ministries Specialists who will be providing break out sessions focused on developing Leadership traits, qualities and actions in students.

As this month IS packed, I felt that I need to express not only the importance that I feel these events can play in your students’ lives, but also match that up with support to help get them to these events. If you have a student attend BOTH Planet Wisdom as well as the Student Leader Training Summit, we will lower the price. (See the attached sheet for the details). At the same time, we have been trying to encourage conversation in your family. For the majority of the major events, we want to help keep the costs down. If you pay in advance, most of the events will have a lower cost. If you have not been getting the emails or text messages, I encourage you to sign up for them. For emails, you can sign up for them by going to FBCDowneystudents.com. For Text messages, you can follow these directions: Middle School—Text jhs to 33733 High School—Text hsgroup to 33733 College—Text fbca to 33733

Please do not hesitate to contact me if you have any questions. Thanks for your willingness to partner up with us in providing excellent options for your children.

By His Grace,

*Jackson*

Jackson Fong

Student Ministries Pastor - FBCDowney

**FBCD Student Ministries Upcoming Events and Specials**

## Wednesday, April 6th - Dessert and Game Night

Join us for a night of Desserts and Games. Please bring your favorite dessert to share and come prepared to play!  
​Special Start time 6 pm.

**Saturday, April 9th – Men’s BBQ**

Guys – Please join us at Rio San Gabriel Park at 12:30 pm – 3 pm for great food, games and a short devotional from Pastor Danny. $5 per person, $20 family cap.

**Sunday, April 10th - Jill's House Info Meeting**

We'll be meeting after 2nd Service. Please join us if you are thinking of helping out and going to Jill's House with us in May or December. ​Lunch will be provided. We will meet in the Youth Room.

**Wednesday, April 13th - Student Leader Meeting**

Leaders, please join us at 5 pm for our monthly Leader Meeting (Please eat beforehand or bring your own dinner)

**Friday - Sunday April 15-16 - Family Camp**

Room is still available! Please contact the church office for specifics. 923-1261

**Friday and Saturday April 22-23 -**[**Planet Wisdom**](http://www.planetwisdom.com/orangecounty-ca/)

Join us for a packed two days of music by the *Jamie Howerton Band*, Skits by the *Skit Guys*, teaching and more!  
​Cost $50 per Person - $45 if paid by April 13th.

**Saturday April 30 -**[**Student Leader Training Summit**](https://www.cmtaconvention.org/SLS.htm)

If you are a student leader (Or you are wanting to become one) this event is for you!  
A full day of training, connecting with other local student leaders and local pastors to help you to grow and make a difference! ​Cost:$35 per person $30 if you pay by April 20

**COMBO SPECIAL! - Due to events being packed this month, do more and SAVE!**

For those who attend BOTH Planet Wisdom AND the Student Leader Training Summit, the cost is only $60 for **BOTH  
(Registration is Due IN THE CHURCH OFFICE by April 18)**

**May Dates to Save**

May 6-7        Food Run / All Nighter  
​May 7           Beacon Light Mission  
May 13-15  Jill's House  
May 28         Community Night of Worship

**Summer Camps**

**(Spots are still available!)**

July 3-8 Middle School Camp   
July 17-22     High School Camp

April 2016 Student Ministry Options

For

Child(ren’s) names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Event Date and Name | Planning to attend | Parent willing to help | Notes |
| Saturday, April 9th – Men’s BBQ |  |  |  |
| Sunday, April 10th - Jill's House Info Meeting |  |  |  |
| Wednesday, April 13th - Student Leader Meeting |  |  |  |
| Friday - Sunday April 15-16 - Family Camp | Contact the Church office | | |
| Friday and Saturday April 22-23 - [Planet Wisdom](http://www.planetwisdom.com/orangecounty-ca/) |  |  |  |
| Saturday April 30 - [Student Leader Training Summit](https://www.cmtaconvention.org/SLS.htm) |  |  |  |
| Fri – Sat May 6-7 - Food Run /All Nighter |  |  |  |
| Fri – Sun May 13-15 – Jill’s House Adventure Weekend |  |  |  |
|  |  |  |  |
| July 3-8 Middle School Summer Camp |  |  |  |
| July 17-22 High School Summer Camp |  |  |  |
|  |  |  |  |

\_\_\_\_ I am interested in Scholarship options

\_\_\_\_ I have multiple students in the Student Ministries - Please let me know about family discounts.

I acknowledge I have received this month’s Parent Packet and I have completed the 2016 Medical form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Parent’s Name Signature Date

Parent Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Family Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**INFORMATION CARD – MEDICAL & LIABILITY RELEASE FORM 2016-2017**

**Grade in 2016-2017 School Year:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone:** (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone:** (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birthdate**: M/D/Y \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_\_\_ **M/F:** \_\_\_\_\_\_\_\_\_\_

**Father’s/Guardian’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #: (**\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s/Guardian’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone#:** (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In Case of emergency contact: If we are not able to reach you in an emergency who would we contact on your behalf?**

**1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone # (**\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone # (**\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of a person, other than yourself who may be picking up your child:**

**1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **4)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Doctor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Dr. Phone: (**\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Company:**   **Policy #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health History**: \_\_\_\_\_ Allergies \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_Nerves

\_\_\_\_\_Insect Stings \_\_\_\_\_ Heart Condition\_\_\_\_\_ Physical Handicap \_\_\_\_\_ Frequent Upset Stomach \_\_\_\_\_ Other (state below)

If any of the above are checked please give details (include normal treatment of allergic reactions)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of last tetanus shot:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Up-to-date: \_\_\_\_\_\_ N**ame & dosage of medications that must be taken: (List Below):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Swimming restrictions?** **Yes No** **Activity restrictions?** **Yes No** **State restrictions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization To Treat A Minor**

In the event I cannot be reached in an emergency, I (we) the undersigned parent, parents or legal guardian, of (child’s name) do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of an acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

**Liability Release**

## The programs and activities of First Baptist Church of Downey (FBCD) have been designed with your child’s safety in mind. However, no activity is without the possibility of unforeseen hazards. Certain activities such as gym, related sports, team competition, bus trips and other related church activities have the inherent possibility of risk; therefore, FBCD wishes to alert parents/guardians. By signing this form the parents, guardians or individual agrees to assume and accept all risks and hazards inherent in these activities. They also agree not to hold FBCD and/or its staff or volunteers liable for damages, losses or injuries to the person(s) or property undersigned. The parents and guardians understand that they are signing for the minor listed on this form and that the signature is for both the Authorization To Treat A Minor and the Liability Release. \*Event attendance gives permission for the publication of photographs, videos, and recordings taken during participation in FBCDowney classes and events, to be used in promotional materials. I understand that I will not be paid any royalty or other compensation; and I give up any right I may have to payment if photos, videos, or recordings are published.

**Parent’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By my signature above, I hereby give my permission for First Baptist Church of Downey (FBCD), its staff and volunteers to transport the above-named student via church bus, volunteer van or automobile to and from any church-sponsored event. When the above-named student attends any church-sponsored event, I understand that FBCD will interpret that I have given my permission for them to attend.

**Parent, please initial. \_\_\_\_\_\_\_\_** **This authorization is in effect from the date signed through 12-31-2017.**