

## YOUTH SCHOOL - WELCOME

Come join the United Methodist Women and Board of Laity for spiritual growth and to expand your knowledge and concepts of mission. The 2018 studies are:



**Is It Just Money?** – This Youth study is designed to engage youth in an exploration of money as it relates to faith and justice. This collection of activities and discussions will provide the study leader with the resources to help youth—ages thirteen to eighteen—deepen their understanding of the complex questions that surround making, having, giving, and using money.

**Money Matters:** teaches children about the concept of money, the importance of generosity, and how God intends for us to use money as an expression of love for others. Over the course of the four sessions, children will learn through biblical examples how to be responsible custodians of money and how they can use their resources to be a part of God's plan.

### Assistant Dean:

Rev. Jeffrey Hooker

[Jeffrey.hooker@nyac-umc.com](mailto:Jeffrey.hooker@nyac-umc.com)

### Co-Asst./Youth Dean:

Elise Boykin

[Elise.boykin@gmail.com](mailto:Elise.boykin@gmail.com)



## REGISTRATION / MEAL INFO.

Check-in begins at 9 AM on Friday, July 27<sup>th</sup> with lunch at 11:30 AM. MISSION u event ends around 3:30 PM on Sunday, July 29<sup>th</sup>. Meal Plan includes 2 breakfasts, 3 lunches, 2 dinners

## ALL INCLUSIVE: REGISTRATION, MEALS & ACCOMMODATIONS

Rooms	Postmarked before 6-15-2018 (Per Person)	Postmarked after 6-15-2018 thru 7-01-2018
Teen(Grades 9-12) Double/Triple/Quad	\$225	\$255
Youth (Grades 5-8)	\$175	\$205
Children (Grades K-4)	\$90	\$120

Included in the cost is a \$100 (youth & teens)  
Non-refundable registration fee.

**No registrations accepted or  
refunds given after 7-01-2018**

The above costs are for EACH PERSON sharing a room.  
Youth and children **must** be in a room with their  
parent/sponsor or chaperone.

The School **will not** assign roommates. Separate  
registration forms are required for each person.  
**Roommates should send information together.**

**Include payment in full with check payable to "NYC  
Mission u"** and send to: Karen Prudente, 280 First Avenue

#3B, New York, NY 10009

Questions? Contact: Karen at 646-966-0463

weekdays or 212-674-1638 evenings

or [kgprud57@yahoo.com](mailto:kgprud57@yahoo.com)

## YOUTH REGISTRATION Teens (Grades 9-12); Youth (Grades 5-8); Children (Grades K-4)

Please print and complete each line. We need  
an email address to send confirmation.

NAME	
STREET ADDRESS	
CITY	
STATE	ZIP
PHONE	
EMAIL	
DISTRICT	
DATE OF BIRTH	GRADE/FALL OF 2018

## Health/Dietary Concerns

### Accommodations

Interpreter  Tactile  Mobility

### Room Choice

double  triple  quad  commuter

AMOUNT ENCLOSED \_\_\_\_\_ Ck # \_\_\_\_\_

ROOMMATE (s)

Female  Male

1<sup>ST</sup> TIME TO MISSION u? Yes  No

Applied for Jo Gibson scholarship Yes  No

Name of Sponsor \_\_\_\_\_

Name of Church \_\_\_\_\_

## CONSENT FORM

To whom it may concern: The undersigned does hereby give permission for:

\_\_\_\_\_  
(Full name of Child)

to attend and participate in activities sponsored by the MISSION u / Youth School **July 27 – July 29, 2018**. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under general or special supervision and on the advise of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree (s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to the authorization. Should it be necessary for our (my) child to return home due to medical reasons, or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the MISSION u. I consent to the use of my child's image or voice in photographs, audio and/ or video recordings taken during the course of the event for the purpose of promoting MISSION u.

Insurance: \_\_\_YES \_\_\_NO

Insurance Company

Policy #

Allergies

Medical Conditions

Youth Participant signature

Parent/Guardian signature

Parent (Print Name) \_\_\_\_\_

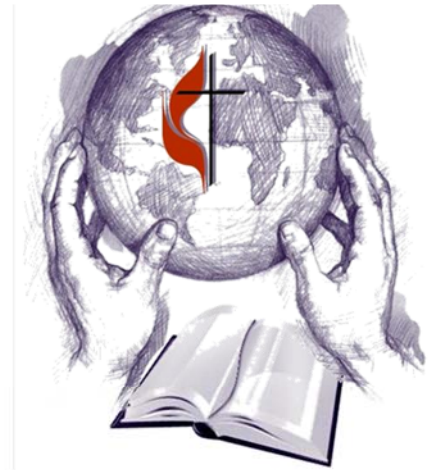
Emergency contact phone

Email

**Karen Prudente  
280 First Ave #3B  
New York, NY 10009**

**NEW YORK CONFERENCE UMC**  
United Methodist Women and  
Conference Board of Laity

# 2018 YOUTH MISSION u School



## JULY 27-29

**THE HILTON STAMFORD**

1 First Stamford Place  
Stamford, CT 06902

Google: Hilton Stamford Hotel

