



On Saturday, **November 3, 2018**, the **St. Philip the Apostle** family will become ‘homeless’ for one night to raise awareness and support for homeless families in DuPage County by participating in **Sleep Out Saturday**. Last year, this initiative organized by Bridge Communities (bridgecommunities.org) collected over \$120,000 to benefit homeless families in DuPage County. More than 1,500 persons participated by “Sleeping Out” at more than 60 sites throughout DuPage County. This year, the **St. Philip the Apostle** family will join dozens of other DuPage County churches and civic organizations to raise dollars and awareness of the growing problem of homelessness in the western suburbs.

Though it can be hard to understand how homelessness can be a significant problem in an area as blessed as ours; unfortunately, the numbers don’t lie. In DuPage County alone, 13,143 children live in poverty. Children under the age of 5 are the fastest growing segment. Over 15% of the homeless in DuPage County are victims of domestic violence. It costs about \$1100 a month to rent a two-bedroom apartment in DuPage County. A parent would need to work 110 hours per week at a minimum wage job to be able to afford this rent.

At Sleep Out Saturday, our **St. Philip the Apostle** families can really make a difference – while mixing fun, food and worship together in a great evening for a worthwhile cause.

There are many ways you and your family can take part:

- You and your family can sleep out on the **St. Philip the Apostle** grounds on Saturday, November 3.
- Make a donation of \$35 or more to support the effort.
- Volunteer for the night to chaperone, cook breakfast, or be on medical call.
- There’s a light breakfast at 6:00 am and a Sunday Mass planned so that you can attend and pray with our young people and their families.
- Collect donations after the 9:30 and 11:30 Masses on Sunday.

Most of all, I hope that you will feel moved to have a family dinner discussion about homelessness and the tremendous blessings we enjoy. One way to approach this with younger children is to talk about the differences between ‘needs’ and ‘wants’ and to talk about the basic needs we all have of food, clothing and shelter and the ‘nice-to-have’ things such as candy. With older children, you might consider a discussion about the impact on kids (their schoolwork, self-esteem, etc.) when their families don’t have a safe place to sleep.

We as **St. Philip the Apostle** families really can do something positive about homelessness. Your family’s awareness and participation can make a real difference in the lives of our neighbors right here in DuPage County.

Please contact the **St. Philip the Apostle** Religious Education Office at 630-543-1754 or email stphilipre@gmail.com for more details and to register your family.

Nancy McKnight, Director of Religious Education

*These materials were made available under license from Bridge Communities Inc,
a 501(c)(3) organization located in Glen Ellyn, Illinois.*

St. Philip the Apostle Sleep Out Saturday November 3, 2018

Thank you for participating!



Schedule for Saturday, November 3

4:30 to 5:30 p.m. Registration and box/tent set up.
6:00 p.m. "What's the Purpose?" Activity
9:00 p.m. Soup & Bread Dinner
10:00 p.m. Night Prayer
11:00 p.m. LIGHTS OUT, GOOD NIGHT, STAY WARM

Schedule for Sunday, November 4

6:00 a.m. Wake-up
6:30 a.m. Breakfast
7:15 a.m. In narthex to greet parishioners
7:30 a.m. Mass
8:15 a.m. Goodbye, have a GREAT DAY!

Rules: A decision will be made at 9:00 p.m. on Saturday regarding the weather. If it is too wet or storms are predicted for the night, we will sleep in the gym.

Inside:

Girls will sleep in tents/ boxes along the stage area. Boys will sleep in tents/boxes along the bleachers. Families will sleep in tents/boxes in the middle.

Outside:

Tents/boxes will be set up around the large tree outside of Gym Door 11.

If you enter the building to use the restroom, you must sign in and sign out with the time. You may not be inside more than 10 minutes.

General Rules:

- No member of the opposite sex may visit, socialize or sleep in your tent/box – unless it is a parent or sibling.
- No one is allowed to leave the grounds for any reason – unless a parent comes to pick you up and sign you out.
- Cell phones must be silenced and not used (unless there is an emergency) for the duration of the event.
- During free time, you may play cards, board games, or play a guitar. You may not play video games, listen to music on tablets or phones, or use any other electronic device.
- You may bring snacks if you need them for health reasons. DO NOT bring s'mores, hot dogs, or anything else that has to be cooked. The camp fire will NOT be a grill. Limit snacks to granola bars and water if possible. No pizza deliveries allowed, unless you order and pay for enough for the entire group.

What to Bring:

PERMISSION SLIP & DONATIONS TO BRIDGE COMMUNITIES

Tent or box to sleep in; sleeping bag/pillow & tarp for the ground
Warm clothes: hat, gloves, heavy coat, boots, warm pants, sweatshirt
Playing cards or board games; guitar to play for sing-along
Hairbrush; toothbrush/toothpaste
Snack

SLEEP OUT SATURDAY PERMISSION FORM

I request that my child, _____, be allowed to participate in the Sleep-Out Saturday event, located at St. Philip the Apostle on Saturday, November 3, 2018.

I hereby release and indemnify my parish, **St. Philip the Apostle Parish**, Addison, IL, its staff, volunteers, and the **ANY AFFILIATED ORGANIZATIONS** from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

Code of Behavior

You are representing **Youth Ministry** in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

MEDICAL PERMISSION FORM

I grant permission for the administration of first aid to my child, _____, by the people in charge of the _____ event, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my child.

Student Name: _____ Birthdate: _____

Allergic to medication/other? NO ___ YES ___

If yes, please describe: _____

Medication(s) presently taking: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Identification Number and/or Social Security Number: _____

Authorized Physician: _____ Phone #: _____

Signature of Parent/Guardian: _____ Date: _____

Street Address: _____ City/Zip: _____

Day Phone #: _____ Evening Phone #: _____

In case of emergency, contact: _____

Relationship to child: _____ Phone #: _____