Coming of Age Program

Parent handbook

Attention Parents
of 7th, 8th, 9th and 10th Graders

If your child is interested in participating in the Coming of Age (COA) Program this year, please attend the parents' informational meeting. It will be immediately following the morning service and take approximately 45 minutes. If you cannot attend today, please notify Donna Donohue.

Important Contact People

Minister:	Rev. Roy Reynolds	770-455-8125; royreyn@bellsouth.net
RE Chair:	Lisa McLeod	770-985-0321; lisaearlemcleod@mac.com
COA Advisors:	Connie Quirk	770-978-4870 constancequirk@comcast.net
	Kristen Allen	678-442-1823 kristinallen67@gmail.com
	Steve Smith	770-932-3915 stevenkarensmith@bellsouth.net
Mentor Coordinator:	Karen Smith	770-932-3915 stevenkarensmith@bellsouth.net
Administrator	Laura de Castro	770-717-7913 ldecastro@uucg.org

Your Children

Khalil Gibran *The Prophet*

Your children are not your children.
They are the sons and daughters of Life's longing for itself.

They come through you
but are not from you,
And though they are with you
yet they belong not to you.
You may give them your love
but not your thoughts.

For they have their own thoughts.
You may house their bodies
but not their souls,
For their souls dwell in the house of tomorrow,
which you cannot visit,
not even in your dreams.

You may strive to be like them,
but seek not to make them like you.
For life goes not backward
nor tarries with yesterday.

You are the bows from which your children
as living arrows are sent forth.
The archer sees the mark upon the path of the infinite,
and He bends you with His might
that His arrows may go swift and far.

Let your bending in the Archer's hand be for gladness;
For even as He loves the arrow that flies,
so He loves also the bow that is stable.

Coming of Age – Parent/Youth Considerations

Welcome to the Coming of Age (COA) Program! We are looking forward to an exciting year ahead. Here is an introduction to what this class is all about and what you and your family need to know before signing up.

The COA program is designed to:

- Develop a peer-group who will support each other in their spiritual journey during and after the COA program
- Develop effective leadership skills that can be used not only in the church community, but in the wider community as well.
- Help youth become responsible for their own physical, mental, and spiritual growth;
- Prepare youth to become members of the Unitarian Universalist faith community;

COA helps youth explore what it means to move out of childhood and into adolescence: a time to ask important questions about life, meaning, spirituality, and relationships. COA assists youth in thinking about these issues and in forming their own personal beliefs and values.

As an important part of this program, each participant will be paired with an adult church member mentor. These carefully chosen adults develop a relationship with the youth and their parents. Mentors help guide and support participants as they learn their important role in their church and community; develop and articulate their own thoughts, religious beliefs and personal value systems; and celebrate their passage from childhood to adolescence.

COA is an exciting program that is a major component of the Religious Education program at UUCG, but it does require a substantial commitment from both parents and participants.

Parents will be asked to ensure that participants can attend all of the COA activities and meetings. You will also be asked to provide other support services such as driving a group of participants to off-site activities and providing meals on a rotating basis. And, unlike most other UUCG RE programs, COA requires a financial commitment as outlined on the registration form.

Participants will be asked to commit to attending all activities even if they conflict with other things in their schedule. While COA is designed to be a positive experience, participants should only join if they are willing and ready to seriously explore spiritual issues. The majority of their time during meetings will be spent doing structured activities with a minimum time allotted for just hanging out with friends.

Once you have spoken with your youth and have made an informed decision to participate in COA, please submit the registration form, the Parent Commitment form and your deposit. If you have any questions, please contact Donna Donohue at donna_donohue@bellsouth.net or 770-237-3784.

Coming of Age
Program Syllabus

Participant Requirements:

Attendance: all 3 retreats
5 of 6 speaker classes
15 of 18 regular classes
5 of 6 church visits
celebration dinner

Service: 4 mornings helping in younger children's RE classes
6 hours service to church
6 hours service to wider community
Foodbank fieldtrip

Mentor: Complete service requirement with mentor
Discuss spiritual journey with mentor
Participate in class activities with Mentor (on dates mentors attend)
Give elevator speech to mentor
Share personal creed with mentor

Individual Meeting with the Minister scheduled at mutual convenience
Writing of Personal Creed during second half of program

See attached 2 pages for a schedule of meeting and retreat dates. We will stick as closely as possible to this schedule throughout the year. Please plan your schedule accordingly.

Coming of Age
Fall Schedule of Events

Date	Session	Topic/Event	Activity Type
8/29/10	Pre-term	Purpose and Requirements	Parent Meeting
9/12/10	1	Introduction & Retreat Preparation	Regular Class
	Retreat 1	Wizard of Oz @ Racoon Mountain	Retreat
	2	Who Are We? UU and Personal Histories	Regular Class
	3	Our church's history	Speaker 1
	Church 1	Judaism	Church Visit
	4	What is Religion?	Regular Class
	5	World Religions, Mythologies, & Philosophies	Speaker 2
	6	Mentor Dinner	Regular Class
	Church 2	Catholicism	Church Visit
	7	The Bible and Other Religious Texts	Regular Class
	8	Judaism & Christianity	Speaker 3
	9	Social Justice	Regular Class
	foodbank	Food Bank	Fieldtrip
	10	Beliefs & Values	Regular Class
	11	Search For Meaning	Regular Class
	Church 3	Eastern Religion Temple	Church Visit
	12	Holiday Party w/Mentors	Regular Class

Coming of Age
Spring Schedule of Events

Date	Session	Topic/Event	Activity Type
	13	Retreat Prep	Regular Class
	Retreat 2	Roots & Wings Retreat @ Milledgeville	Retreat
	14	Creed Writing 101	Speaker(s) 4
	Church 4	Traditional Protestant	Church Visit
	15	Reflecting on Life's Story	Regular Class
	16	Big Questions: death, evil, suffering, injustice	Regular Class
	17	Mentor Pizza Dinner	Regular Class
	Church 5	Islamic Mosque	Church Visit
	18	Goal Setting	Regular Class
	19	Elevator Speeches / Improv	Speaker 5
	20	Retreat Planning	Regular Class
	21	Leadership	Regular Class
	Church 6	Evangelical Christianity	Church Visit
	22	UU Governance and Meaning of Membership	Speaker 6
	23	Responding vs. Reacting	Regular Class
	Retreat 3	Vision Quest Retreat	Retreat
	24	Last Meeting / Creed Sharing	Regular Class
	Saturday evening	Celebration	Celebration
	Sunday Service	Sign the Book	Wheel of Life

COA Parent Opportunities

(choose two dates from each column)

Session	Parent Providing Dinner	Trip Date	Parents Driving
1	_____	Retreat 1	_____
2	_____		_____
3	_____	Retreat 2	_____
4	_____		_____
5	_____	Retreat 3	_____
6 (double)	_____		_____
7	_____	Church Visit 1	_____
8	_____		_____
9	_____	Church Visit 2	_____
10	_____		_____
11	_____	Church Visit 3	_____
13	_____		_____
14	_____	Church Visit 4	_____
15	_____		_____
16	_____	Church Visit 5	_____
18	_____		_____
19	_____	Church Visit 6	_____
20	_____		_____
21	_____	Food bank	_____
22	_____		_____
23	_____	Another Service Trip	_____
24	_____		_____
Dinner Coordinator	_____	Driver Coordinator	_____

Breakdown of Costs of 2010 – 2011 COA Program

(per student basis)

Event	Cost
Class Events	
Journaling Supplies	$ 3
Craft and Activity Supplies	$ 14
Bible	$ 3
Hunger Banquet	$ 5
Holiday Party with Mentors*	$ 10
Pizza with Mentors*	$ 10
Total class	**$ 45**
Wizard of Oz Retreat	
Transportation (gas)	$ 10
Cave Tour and Lodging**	$ 50
Meals**	$ 25
Total for 1st Retreat	**$ 85**
Roots and Wings Retreat	
Transportation (gas)	$ 10
Ropes Course	$ 30
Lodging**	$ 20
Meals**	$ 25
Total for 2nd Retreat	**$ 85**
Final Retreat	
Transportation (gas)	$ 10
Activity	$ 10
Lodging**	$ 20
Meals**	$ 25
Total for 3rd Retreat	**$ 65**
Graduation Celebration	
Food*	$ 15
Decorations and paper products	$ 10
Mementos	$ 5
Total for Celebration	**$ 30**
Incidental	
Copying	$ 5
Thank you notes	$ 2
Office expenses	$ 8
Total Incidental	**$ 15**
Total Cost of Program per Student	**$ 325**

* The cost of the mentor's food is included in the student's expenses. Family members will be asked to pay a nominal fee for attending the celebration if the budget is tight.
** The expenses of the chaperones are divided among the students.

Coming of Age Program
Parent Commitment Agreement

I _____, parent of _____, do commit to encouraging my child in the Coming of Age (COA) by:

1. Paying all fees associated with the COA Program in a timely manner. I prefer:
   a. Pay in full now ($325)
   b. $175 now, $150 in Dec
   c. $125 now, $100 Dec, $100 Mar
   d. Scholarship. I can pay $_____
2. Ensuring that my child has transportation to and from Sunday evening classes so that he or she arrives by 6pm and is picked up at 8pm.
3. Arrange our family's schedule so that my child is able to meet all the attendance requirements.
4. Encourage my child to spend time with his or her mentor and complete all the service requirements.
5. Provide information about my child to the COA advisors as requested.
6. Provide dinner for the COA class twice during the course of the program.
7. Serve as a driver/chaperone for one of the retreats or church visits.
8. Listen to my child as he or she shares his or her experiences, beliefs, and questions that arise over the course of the COA program.
9. Support my child during difficult times and celebrate my child's successes in COA.
10. Attend the parent meetings (probably only 1 or 2) and the celebration dinner.

I understand that my child may be removed from the COA program if my child's behavior becomes disruptive to the program and does not improve after a private meeting with the advisors, myself, and the Director of Religious Education is held to discuss the problematic aspects of his or her behavior and possible remedies.

I also understand that my child will be removed immediately from the COA program if he or she engages in violent, illegal, abusive, or sexual behavior while attending a COA activity. I will then be responsible for picking my child up from that activity.

Signed _____ Date _____

Coming of Age Permission Form

Parent and youth or child: Please carefully read and complete this form, sign it, and return it to your COA advisor. Each youth or child **MUST** have a signed completed form on file before they may participate in the Coming of Age Program.

Definitions:

"church" means _____.

"Activity" means any classes or trips connected with the Coming of Age (COA) Program

"Chaperone" means _____ and any Religious Education staff or volunteers who are designated to act on behalf of the church in conjunction with this activity.

Parent's Agreement

I, _____ (print parent's name) give my permission for my daughter / son / legal ward (circle one) _____(youth's name) to participate in the COA Program activities for the academic year _____. I understand that any chaperone may take any of the following actions in conjunction with the activities included in the program:

- transport my child by vehicle or otherwise to, from, or in the course of the activity;
- Obtain emergency medical treatment for my child if necessary;
- remove my child from the activity if he or she violates the Youth Agreement below; and
- if my child is removed from the activity, place my child in the custody of a chaperone at that chaperone's home, at the church, or other appropriate location pending my child's return to me.

I agree to be financially responsible for any property loss or damage my child causes during the activity. For myself and my child, I hereby waive any claims and release any chaperone, the church, and members of the church from any claims of liability in any way connected with my child's participation in the activity. I agree to indemnify and hold harmless the chaperones, the church, and members of the church from and against any and all claims of liability in any way connected with my child's participation in the activity. I understand that if my child is removed from an activity because of unacceptable behavior, fees for the program will not be refundable.

During the activity I can be contacted at the following phone number(s): _____

In case of emergency, if I cannot be reached the following person should be contacted:

name _____ phone number _____

I will arrange for my child to be picked up after the activity at the church on Sunday evening at 8pm by myself or _____(name).

Parent's Signature: _____ Date: _____

Youth's Agreement

I have read "The Big Five" Youth's Code of Conduct and agree to follow it. I agree to stay with the group at all times during the COA activities and to follow the rules established for each activity. While engaged in COA activities, I will not smoke, drink alcoholic beverages, use illegal drugs, engage in sexual behavior, possess or use a weapon, or exhibit any violent or aggressive behavior. **I understand that I will be removed from the activity if I violate this agreement and fees paid for the activity will be forfeited.**

Youth's Signature: _____ Date: _____

Confidential Medical History

This medical history will be used for the duration of the COA program. It is the responsibility of the parents to notify the COA advisors or the Director of Religious Education if there are any changes to this history. Please complete both pages of this form, sign it, and return it to the COA advisors by the beginning of the first COA class.

GENERAL INFORMATION

Name _____ age _____ sex _____

Home phone _____ cell phone _____ birthdate _____

Home Address _____ _____ ____ _____
street city state zip

Pediatrician's name _____ phone _____

Pediatrician address_____ _____ ____ _____
street city state zip

Parent or Guardian name _____ phone _____

Emergency contact _____ phone _____

INSURANCE INFORMATION

Name of Insurance Company _____

Address of Company _____ phone _____

Subscriber Name _____ relationship _____

Policy Number _____ Group Number _____

MEDICAL TREATMENT AUTHORIZATION

I, _____, hereby grant permission to the Coming of Age advisors at
(parent or guardian name)
_____ to seek emergency medical treatment as needed for my child
(church name)
_____. This permission is in effect for all events associated with the Coming of Age Program and for the entire duration of the program, _____ (dates). I understand that in the event of illness or injury requiring medical attention, the advisors will make every attempt to contact me or the emergency contact I provide immediately. If I and the emergency cannot be reached, the medical treatment deemed necessary by a physician and/or hospital personnel may be administered to my child. I affirm that the above health insurance information is accurate, and I understand that I am ultimately responsible for the cost of emergency health care services for my child.

Signature _____ Date _____

Confidential Medical History (cont.)

Youth Name _____ Sex _____ Birth Date _____

HEALTH HISTORY

Immunizations (please give dates)

DPT _____ MMR _____ Polio _____ Varicella _____

Tetanus _____ Hepatitis B _____ MCV4 _____ HPV _____

Tuberculin skin test (date and result) _____

Is there a history of the following (please give dates):

ADHD	_____	digestive prob.	_____	mood disorder	_____
anemia	_____	epilepsy	_____	orthopedic prob	_____
anoxeria/bulemia	_____	hay fever	_____	pnuemonia	_____
asthma	_____	heart disease	_____	skin diseases	_____
bone fractures	_____	hearing prob.	_____	thyroid/endocrine	_____
bronchitis	_____	hepatitis	_____	tuberculosis	_____
cancer	_____	kidney disease	_____	vision prob.	_____
diabetes	_____	migraines	_____	other	_____

Please list all allergies (insects, foods, drugs, etc.). _____

_____

Please list all medications regularly taken (prescription, over the counter, herbal). If medication must be administered during any program activities, a Release to Administer Medication form MUST be completed. _____

_____

Past surgeries and/or hospitalizations. (date and reason) _____

_____

Is there any other information we should know or any medical reason to limit activities? _____

_____

_____

_____

Release To Administer Medication

I, _____, hereby give authorization to the Coming of Age advisors to administer to my child/youth, _____, the following medications on the schedule given:

Medication	Amount	Schedule

Please sign below and insert this into a Ziploc bag with the medications listed above. This includes non-prescription medications such as Tylenol and Benadryl. The chaperones will keep the medicine, and when requested by the child/youth, will give them the bag to self-administer the medication. Any remaining medication is to be returned to the chaperone.

Signed:_____ Date:_____

* * * *

Coming of Age Program
Participant Commitment Agreement

I _____ do commit as part of the Coming of Age Program (COA) to:

1) Attend 20 or more of the scheduled COA meetings. Specifically I will attend at least 5 of the meetings featuring a guest speaker and at least 15 of the regular meetings. I further commit to missing no more than 2 meetings in a row.
   Learn about Unitarian Universalism, our church, explore my own beliefs, share my journey with others, and make decisions about my spirituality and values.
2) Visit at least 5 of the 6 other religious societies as scheduled throughout the school year.
   Learn about other religious traditions and ways of worshipping, connect with members of my greater community, expose myself to new ways of thinking, and broaden my horizons.
3) Participate in all 3 of the COA retreats.
   Challenge myself, bond with my peers, push my limits, crawl through the dark, leap from a tall structure, get wet and dirty, and walk through the air.
4) Volunteer at a local foodbank either with the COA class or independently if unavailable on the date selected for the group trip.
   Give back to others less fortunate than myself, appreciate the gifts I have been given, and work for the joy of working.
5) Assist in a younger children's Religious Education class 4 times this school year.
   Develop leadership skills, foster the spiritual growth of others, and learn through teaching.
6) With the help of my mentor complete at least 6 hours of volunteer service to my church and at least 6 more hours of volunteer service to the greater community.
   Share my gifts with others, give back to those who have given to me, recognize the needs of others, and grow spiritually through work.
7) Participate in the Mentoring Program.
   Develop a bond with an adult member of the congregation, share thoughts and feelings with an adult other than my parents, pursue my goals concerning personal growth and service to the community, and have fun.
8) Attend the COA Graduation Ceremony.
   Enjoy a dinner with my parents and mentor, remember the events of the year, share my belief statement, recognize and thank my mentor, and PARTY!

While participating in COA activities I will NOT engage in behavior involving illegal drugs, alcohol, violence, sexual activity, or smoking.

I understand my commitment to the COA program and choose to participate for myself. I am not doing this because my parents want me to or because my friends are participating.

Signed _____ Date _____

Coming of Age – Participant Information
2010 – 2011

Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell Phone _____

e-mail address _____

Fall Grade _____ School _____

The following questions are designed to determine your needs and goals for participation in the COA program and to allow the advisors to plan activities to meet those needs.

1. In your own words, what does it mean to be a Unitarian Universalist? _____

   _____

   _____

2. How long have you attended UU churches? _____ ours in particular? _____
3. What are the religious backgrounds of your parents? _____

   _____

4. How would you describe you own religious orientation? _____

   _____

5. Why are you interested in the COA program? _____

   _____

   _____

6. What are your hobbies and interests? _____

   _____

   _____

7. How do you learn best (e.g. hearing stories, writing, videos, crafts, music)? _____

   _____

8. What song with spiritual meaning are you contributing to the class CD? _____

   _____

9. Please give the names of 3 adults in the congregation who you would like to have as a mentor._____

   _____

COA Session Plan Outline

Date: _____ Speaker: _____ Topic: _____

Goals and objectives
What is the overall theme for this season?
What (is)(are) your educational objective(s) for this session?
1.
2.
How will you know that you and the group have reached your educational objective(s)?
1.
2.

Materials and preparation needed:

Activity plan

1) **Check In (15-20 minutes)**
   a) Student (rotate through year) _____ (name) has Opening/Chalice Lighting Words (2-3 minutes)
   b) Announcements
   c) Joys and Concerns (about 15 minutes)
2) **Dinner (20 minutes)**
   a) Student has Blessing of Food (2 or 3 minutes)
   b) Eating (15 minutes)
   c) Cleanup (2-3 minutes)
   d) Gather back together
3) **Student Song (5 minutes)**
   a) Student (different from 3 with readings/blessings) _____(name) explains meaning of their song (1-2 minutes)
   b) Listen to the song (3-4 minutes)
4) **Lesson (about 75 minutes total)**
   a) Introduce speaker and/or topic (3-5 minutes)
   b) Present material (10-15 minutes)
   c) Activity based on Topic (craft, song, game, dance, charades) (15-30 minutes)
   d) Journaling / Quiet Time for Reflection (perhaps move to several rooms) (5-10 minutes)
   e) Regroup
   f) Discussion/feedback/sharing (students present ideas, drawings, poems, etc to group) (15-20 minutes)
5) **Closing (5-10 minutes)**
   a) Announce topic for next week and any coming events (retreats, field trips, RE opportunities)
   b) Student presents closing words (different from first 2 students with opening and blessing; also rotates through year) _____(name)
   c) Extinguish chalice
   d) Dismissal