



# ELEMENTARY Sunday School (PreK -5<sup>th</sup> Grade) Registration Form

Allentown Presbyterian Church

2016-2017

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Siblings' Names and Ages: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Address, if different: \_\_\_\_\_

Cell #1/Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell #2/Name: \_\_\_\_\_ Email #1: \_\_\_\_\_

E-Mail #2: \_\_\_\_\_

*(Thank you for providing an Email address as this will be a valuable communication tool.)*

Emergency Contact (If parents cannot be reached.): \_\_\_\_\_

Relation: \_\_\_\_\_ (In the event the Parent/Guardian cannot be reached, we will call the Emergency Contact.

The Emergency Contact must not be a Sunday School teacher.)

Phone: \_\_\_\_\_ Ce ll #: \_\_\_\_\_

Are you a member of APC? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you learn about APC? \_\_\_\_\_ I nterested in membership? \_\_\_\_\_

### Things we should know about your child:

Has your child been baptized? \_\_\_\_\_ yes \_\_\_\_\_ no

If your child is in the 3<sup>rd</sup> grade or above, has he/she attended the APC Communion class? \_\_\_\_\_ yes \_\_\_\_\_ no

Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Food or other allergies: \_\_\_\_\_

Does your child read on grade level? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child write on level? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is he/she shy about reading out loud? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have any special needs about which we should be aware? Please use the following space to elaborate. Please also see your child's Sunday School teacher for more information about our Inclusive Ministries committee.

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

Is there anything special we should know about your child so we can help him/her to grow in Christ?

\_\_\_\_\_  
\_\_\_\_\_ I would like a copy of the APC Children and Youth Protection Policy.

\* Form completed by: \_\_\_\_\_ / \_\_\_\_\_  
Printed Name of Parent/Guardian Name(s) Signature of Parent/Guardian / Date

**\*\* Children in Pre-K through THIRD grade must be picked up by a parent/guardian or by another designated adult. Please list those ADULTS, other than parents, who are authorized to pick up your child from Sunday school. ID may be required.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*\* Children in Grades 4-5: My child has permission to be dismissed from his/her classroom without being picked up by a parent or designate.**

\_\_\_\_\_ Date: \_\_\_\_\_

(Parent signature required.) \*\*\*\*\* PLEASE CONTINUE TO OTHER SIDE OF FORM \*\*\*\*\*

**RELEASE FOR PUBLICATION:**

\_\_\_\_\_ I, the undersigned, hereby grant permission to the Allentown Presbyterian Church to take and publish photographs, videotapes, voice recordings, or any other likenesses of my child for use in published material (includes print, web based, or other media types) that may be presented in the public domain (outside of Church services or Church-sponsored programs, ministries, activities, or events) for the purpose of promoting Church-sponsored programs, ministries, activities or events.

\_\_\_\_\_ I, the undersigned, do NOT give permission as outlined above.

\_\_\_\_\_  
Please print child(ren)'s name(s)

\_\_\_\_\_  
Parent's/Guardian's signature

\_\_\_\_\_  
Date

**VOLUNTEER OPPORTUNITIES:**

The success of the Allentown Presbyterian Church Sunday School program is a direct reflection of the volunteers in our congregation. We would not exist without your interest, your support, your dedication...your time! We are continually in need of volunteers. There are many ways to assist. Please review the options below and indicate your areas of interest.

We ask and pray that you consider donating your time and talents to furthering the Christian education of our children in any way that you feel capable.

**PARENT/GUARDIAN NAME** (Please print): \_\_\_\_\_

Teaching/Substitute Options:

\_\_\_\_\_ I would be happy to substitute teach at any grade level.

\_\_\_\_\_ I would be happy to substitute for any of the following grades:

\_\_\_ Pre-K \_\_\_ K \_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup>

\_\_\_\_\_ I would like to substitute teach in my child(ren)'s class(es) only.

\_\_\_\_\_ I feel comfortable enough to substitute on a moment's notice!

\_\_\_\_\_ I would prefer to be given a few days notice prior to substituting for a class.

\_\_\_\_\_ I would like to learn more about what is involved in substituting before I make a decision! Please contact me at \_\_\_\_\_.

\_\_\_\_\_ I would like to be considered for co-teaching Sunday school on a regular basis.

Other Sunday School or Children's Ministry Volunteer Options:

\_\_\_\_\_ I would like to join the Children's Ministry Team (long-term and strategic planning).

\_\_\_\_\_ I would like to be a Large Group Storyteller \_\_\_ Large Group scenery Set up/Take down  
Small Group Prep

\_\_\_\_\_ I would like to assist with the \_\_\_ Advent Village SS craft, \_\_\_ Teacher Appreciation Day,  
\_\_\_\_\_ Any Sunday School special events.

\_\_\_\_\_ I would like to learn more about the APC Inclusive Ministries program.

\_\_\_\_\_ I would like to join the Inclusive Ministries Committee.

\_\_\_\_\_ Please call on me for any Sunday morning Sunday school need.

\_\_\_\_\_ I am interested in delivering Children's Messages during worship services.

\_\_\_\_\_ I would like to assist in the Nursery and/or KinderWorship regularly or occasionally.

**Sunday School: 9:45 -10:45 a.m. Fellowship at 9:30 a.m. in Schulte Hall.**

If you are attending Adult Sunday school, please be sure to pick up your child/ren at 10:45 a.m.