



Sunday School Registration Form

Allentown Presbyterian Church

2013-2014

Child's Name: _____ Age: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____ Birthdate: _____

Siblings' Names and Ages: _____

Parents/Guardian: _____

Address, if different: _____

Cell #1/Name: _____ Home Phone: _____

Cell #2/Name: _____

E-Mail Address: _____

(Thank you for providing an Email address, if you have one, 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 3rd 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 ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th

_____ 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. (Meet at 9:45 in Schulte Hall)

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