



ELEMENTARY Sunday School (PreK -5th Grade) Registration Form

Allentown Presbyterian Church

2019-2020

Child #1 Name (first/last): _____ Age: _____ DOB: _____ Grade: _____

Child #2 Name (first/last): _____ Age: _____ DOB: _____ Grade: _____

Child #3 Name (first/last): _____ Age: _____ DOB: _____ Grade: _____

Address: _____ Home #: _____

City: _____ State: _____ Zip: _____

School/s: _____

Other Siblings' Names and Ages: _____

Parents/Guardians Names: _____

Parent Address, if different: _____

Name/Cell #1: _____ Email #1: _____

Name/Cell #2: _____ Email #2: _____

Emergency Contact (If parents cannot be reached.): _____

ER Contact Relation: _____ (If the Parent/Guardian cannot be reached, we will call the Emergency Contact.)

Phone: _____ Cell #: _____

Are you a member of APC? _____ Yes _____ No My church is _____

How did you learn about APC? _____ Interested in membership? _____

Things we should know about your child:

Has your child been baptized? #1 Y / N #2 Y / N #3 Y / N

If your child/ren is in the 3rd grade or above, has he/she attended the APC Communion class?

#1 Y / N #2 Y / N #3 Y / N

Medical Conditions, Food or other allergies:

Child #1 _____

Child #2 _____

Child #3 _____

Does your child read on grade level? #1 Y / N #2 Y / N #3 Y / N

Does your child write on level? #1 Y / N #2 Y / N #3 Y / N

Is he/she shy about reading out loud? #1 Y / N #2 Y / N #3 Y / N

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 Safety 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, video, 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. No names will be published with images.

_____ 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 volunteering 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 Sunday School 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.