



Celebration Sunday School

10:00 a.m.

2016-2017 Registration
Age 3 years—5th Grade



Sunday School Purpose: In partnership with families and volunteers, we want to help children develop and deepen a relationship with Jesus Christ. We aspire to provide an environment that is creative, relevant and fun as our children learn about God. We are Bible based, Child-oriented, Parent-supportive, Relationship-forming and physically, emotionally and spiritually Safe.

Name _____ D.O.B. _____ AGE _____ Grade (Fall 2016) _____

Please send your child with a snack if food allergies are a concern.

Any additional information that would help us make your child's experience a positive one?

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Which children have permission to meet you in the building after Sunday School? _____

Name of person (s) who may pick up your child from Sunday School?

Name: _____ PHONE _____

PARENT / GUARDIAN CONTACT INFORMATION

Name _____

Cell Phone _____

Email _____

Member of PCW? Yes / No

If NO, please give us the name of the church of which you are a member: _____

Name _____

Cell Phone _____

Email _____

Member of PCW? Yes / No

If NO, please give us the name of the church of which you are a member: _____

Home Address _____

Home Phone _____

PARENT'S VOLUNTEER INFORMATION

In order to provide the best possible program for our children, we strongly encourage all parents to volunteer. You will be contacted with regard to volunteering in YOUR Sunday School.

Programs needing volunteers:

Christmas Eve Family Worship Service: help with selection of costumes and help children put on costumes

Palm Sunday Easter Egg Hunt: Shop for supplies, fill eggs

Serve on the Christian Education Commission: Seven monthly meetings 7:30-9pm

**PLEASE CONTACT CHRISTINE TREGER, DIRECTOR OF CHRISTIAN EDUCATION,
FOR MORE INFORMATION OR TO VOLUNTEER FOR ONE OF THE ABOVE.**

PHOTOGRAPH PERMISSION

We occasionally take photographs of children involved in our programs. We may use these photos in our newsletter, bulletin boards and web page to illustrate our programs. Children's names are never used with photographs. Please check your preference below:

_____ YES, you may use photos of my children in this way.

_____ NO, I prefer that photos of my children not be used.

Parent's Name (Please Print)

Parent's Signature

Date

PLEASE RETURN FORM TO:

Betty Born, The Presbyterian Church in Westfield, 140 Mountain Avenue, Westfield, NJ, 07090
QUESTIONS? Please call Christine Treger at (908) 233-0301, ext. 38 or via e-mail ctreger@westfieldpc.org.