

THE 45'S

45's Registration
Winter/Spring 2020 (Jan. 5th - May 17th)
Sundays, 4:00 - 5:30pm
Registration Fee \$15/child

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

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

Church Member? _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Parent's Names: _____

Parent's Cell Phone Number(s): _____

The 45's is a covenant discipleship group for all current 3rd, 4th, and 5th graders who are interested in learning more about Christ through study, activities, games, and much more! As quoted by a parent, "the 45's is a high energy program with an injection of Christ." The 45's group is held on Sunday afternoons from 4 - 5:30pm. There is 45 minutes for story/lesson and 45 minutes for games/recreation.

Simpsonwood UMC
4500 Jones Bridge Circle
Peachtree Corners, GA 30092
770-441-2181
contact Bryan Coats at the church for more info

*COME JOIN US ON THE
ADVENTURE OF FAITH!*

(45's Schedule – Winter/Spring 2020)

Date	Lesson	Extra
Jan. 5, 2020	Review	
Jan. 12, 2020	Lesson #13 (Second Coming)	
Jan. 19, 2020	Lesson #14 (Eternal Life/Heaven)	
Jan. 26, 2020	45's Outing (TBD)	
Feb. 2, 2020	Lesson #15 (Contentment)	
Feb. 9, 2020	Lesson #16 (Kindness)	
Feb. 16, 2020	Lesson #17 (Patience)	
Feb. 23, 2020	45's Outing (TBD)	
Mar. 1, 2020	Lesson #18 (Forgiveness)	
Mar. 8, 2020	Lesson #19 (Tear the Roof Off)	
Mar. 15, 2020	Lesson #20 (Miracles)	
Mar. 22, 2020	Lesson #21 (Jesus Washes Disciples Feet)	
Mar. 29, 2020	<i>No 45's</i>	<i>Spring Break!</i>
Apr. 5, 2020	Lesson #22 (Easter Lesson)	
Apr. 12, 2020	<i>No 45's</i>	<i>Easter!</i>
Apr. 19, 2020	Lesson #23 (The Ascension)	
Apr. 26, 2020	45's Outing (TBD)	
May 3, 2020	Lesson #24 (Repent)	
May. 10, 2020	<i>No 45's</i>	<i>Mother's Day!</i>
May 17, 2020	Lesson #25 (Worship) & End of School Year Party!!	

Emergency Medical Release Form

I hereby give permission for _____ to participate in the United Methodist enterprise ("enterprise") for which he/she is enrolled, and do not hold the enterprise or the **Simpsonwood United Methodist Church**, any of their representatives, staff or officers (to include officers, etc. of enterprise) responsible for sickness, injury or death resulting from any physical unfitness of my child to participate in the enterprise activities. In case of medical emergency, I understand every effort will be made to contact a family member. The information provided on this registration form regarding my/my child's medical history and condition is complete and correct to the best of my knowledge. In the event I cannot be reached, I hereby give permission to the physician selected by the **Simpsonwood United Methodist Church** staff, representatives, or officers to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for me/my child, as named above. Lastly, any expenses incurred under the above will be borne by the child's family. The church is not responsible for anything that may happen as a result of false medical or personal information given at the time of enrollment.

Additional contacts in the event you cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physical Limitations or Allergies (circle one): _____ Child's Name: _____

Physical Limitations or Allergies (circle one): _____ Child's Name: _____

Physician's Name: _____ Phone: _____

I hereby grant permission to any hospital to administer treatment to my child in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance or care if warranted.

Pictures may be taken of the individual for use in publicity of
Simpsonwood United Methodist Church

Parent's Signature: _____

Date: _____