

# Mission 252

Mission 252 Registration  
Winter/Spring 2020 (Jan. 8th - May 13th)  
For all Prek - 5th Grade Children

Wednesdays, 6:30 - 8:00pm

Registration Fee: \$15/child, \$25 max/family

Deadline: N/A

Must be 4 by Sept 1, 2019 (or in a 4 year old preschool class) to  
be in 4's class in Mission 252.

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): \_\_\_\_\_

Mission 252, which is based on Luke 2:52, is our midweek program for children ages PreK - 5th Grade. This covenant discipleship group, which meets every Wednesday from 6:30-8:00pm, challenges our children to live out their faith by performing acts of kindness, justice, worship, and devotion. Mission 252 includes 30 minutes for games/activity, 30 minutes for music, and 30 minutes for Bible Study/Story. **For 4th/5th Grade....there is 30 minutes for recreation and 1 hr. for Study.**

Simpsonwood UMC  
4500 Jones Bridge Circle  
Peachtree Corners, GA 30092  
770-441-2181  
Contact Bryan Coats for more information

COME JOIN US ON THE  
ADVENTURE OF FAITH!

# I can help with Mission 252 or 4/5th Grade Study

*Please mark where you are interested in helping.*

\_\_\_\_\_ PreK Class

\_\_\_\_\_ 2nd Grade Class

\_\_\_\_\_ Kindergarten Class

\_\_\_\_\_ 3rd Grade Class

\_\_\_\_\_ 1st Grade Class

\_\_\_\_\_ 4th/5th Bible Study

Luke 2:52, "And Jesus grew in wisdom and stature  
and in favor with God and men."

*The story/activities, music, and recreation centers of Mission 252 all last 30 minutes.*

## 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: \_\_\_\_\_