

Mission 252

Mission 252 Registration Winter/Spring 2022 (Jan. 12th - May 18th) For all Prek - 5th Grade Children

Wednesdays, 6:30 - 8:00pm

Registration Fee: \$15/child

Deadline: N/A

Must be 4 by Sept 1, 2021 (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 45 minutes for games/activity & 45 minutes for Bible Study/Story.

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!

Please mark where you are interested in helping.

____ PreK Class

____ 3rd Grade Class

____ Kindergarten Class

____ 4th Grade Class

____ 1st Grade Class

____ 5th Grade Class

____ 2nd Grade Class

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

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: _____