August 2021

Hello Parents and Guardians,

***Welcome to our 2021-2022 Sunday School Ministry!*** Our theme for this year is **“It’s Time to INVADE!”** As we are looking forward to the newness of God’s plans for us and for this Ministry, our focus is to continue to “Train up a child the way they should go, when they get old they will not depart.” *(Proverbs 22:6)* We cannot do this alone, but with your support and participation in the events and activities of the Sunday School Ministry, we will achieved our goals.

Included in the attached packet, you will find:

* “IT’S TIME TO INVADE” Quick Reference Sheet with important information and reminders
* COVID-19 Safety Protocols
* A Parent Volunteer Reminder Certificate, and
* Registration and Emergency Forms.

Along with completed forms, we ask for a **Monetary Love Offering** (of any amount) to finalize registration for each child. Our teachers are all volunteers, and without your donations throughout the year, we would not be able to continue to provide snacks, drinks, lesson materials and fun activities for the children. We are grateful for your loving kindness in this matter. As the African proverb says **“It takes a Village,”** and there is no **US** without **U**.

Parents/Guardians are also asked to serve as a **Parent Volunteer** for at least one class during the year.You will be a great help to our teachers assisting with signing in parents/students; distributing materials to the class; reminding parents to sign up for their Volunteer Sunday; and at snack time - helping the children clean up their area and wash their hands. Our Pastor says it best, “IT’S TIME TO INVADE,” and we want to follow that mandate to give of our time and energy in making this Ministry a Success. We **Thank You in advance!**

**Events & Activities planned for his year:***(More info to come and dates to be announced for all****)***

* **Fundraisers**
* **Youth Sundays**
* **Trip to Munster Indiana, for the Passion of Christ Play** (Saturday Event)
* **Fun Paint Day** (Saturday Event)
* **End of the Year Party**

Please return the completed Registration and Emergency Forms, make note of your volunteer dates on the Parent Volunteer Reminder Certificate and keep it and the other documents for your reference.

**Karine Guignard & Kristina Robison**

Co-Team Leaders of Sunday School Ministry

The Faith Community of St. Sabina ****



 **“IT’S TIME TO INVADE”**

***2021-2022 School Year***

Parents, our role as a Sunday School Program is to support your child/children’s knowledge of God as a result of the primary education they receive from you. It is our expectation that you are your children’s primary resource for learning about God and becoming familiar with His Holy Word. We ask that you encourage your children to see themselves as Kings & Queens. King Josiah was eight years old when he became king and he held his position for ten years! *(2 Kings 22:1)*

Sunday School Schedule

* **Sunday 10am Ministry**
	+ **Sign In Time: 9:45am – 10am** (The Sign-In Book will be in our area in McMahon Hall)
	+ **Sunday School Ministry ends at Offertory Time** during the 10am Mass
	+ ***Please don’t forget to sign your child out.***
* **A Saturday Program during the 5pm *MAY* be offered in there is sufficient interest and enrollment**
* **No Sunday School Classes on:** 1st Sunday of the month, Easter and Palm Sundays, Mother’s Day, Father’s Day and Special Guest Speaker Days (e.g. Martin Luther King, Jr. Celebration Sunday) – Advance notice will be given for special Sundays with no classes.

Parent Responsibilities / Requirements

* We ask for a **monetary love offering** to help cover the cost of expenses which includes snacks, drinks, printed curriculum, and supplies (crayons, pencils, paper, glue, etc.)
* **Please assure the prompt arrival of children with their bibles (complete with Old & New Testaments) for every Sunday School Class.** *Computers, games, gadgets and toys are not permitted.*
* After class each Sunday, please **talk with your children about the lesson and scripture** to support their learning from the day.
* **All Parents are Required to**
	+ **Volunteer as a Parent Assistant for one Sunday School Class** (Parent Assistants support teachers by helping with sign-in, passing out materials, helping children clean their area for snack time, washing hands and distributing snacks.

Sunday School Ministry Team

**Sunday School Teachers:**

* Julianna Screen
* Isabelle Glass
* Louis Woodland
* Kimberly Thomas
* Linda Christian
* Mary Harris

**Ministry Team Leaders and Teachers:**

* Karine Guignard | kguignard3@gmail.com
* Kristina Robison | kristina.robison@yahoo.com

**Minister of Youth:**

* Jacinta Warnie | jacinta@saintsabina.org

**Thank you for supporting our Sunday School Program! Look forward to your child’s growth in God’s Word!**

**COVID-19 Safety Protocol**

**“IT’S TIME TO INVADE”**

**Dear Parents and Guardians,**

We, the Sunday School team leaders, Karine Guignard and Kristina Robison along with the full ministry and staff of St. Sabina, want to take every possible precaution for the safety of our Teachers, Children and Parents. As you know over the past 18 months many of the Covid-19 pandemic regulations have changed and are continuing to change. The Sunday School Ministry will do its best to follow CDC guidelines and protect everyone who participate in Sunday School Ministry. The following are our current guidelines and requirements. You will be notified of any changes as soon as possible.

**We will follow these protocols and need you to help us in our effort to stay safe:**

* Teachers will be wearing masks.
* We will have masks available for those who need one.
* Youth & children **will be required to wear a mask**, except during snack times
* We will have socially distanced seating, siblings can sit together
* Distributed snacks will be individually packaged
* Each student will have individual bins & supplies
* Supplies will not be shared
* We will have Hand Sanitizer available for all
* Temperatures check will be utilized
	+ You/Your child will not be able to stay if temperature is 100.4˚F or above

As a precaution for everyone’s safety we ask, if your Child/Children is/are experiencing a fever, a cold or any symptom of the flu; or if they have been exposed to anyone with coronavirus even if not exhibiting symptoms, please do not bring them to the Sunday School session that day**.** Thank-you!

**Karine Guignard & Kristina Robison**

Co-Team Leaders of Sunday School Ministry

The Faith Community of St. Sabina ****

**“IT’S TIME TO INVADE”**

**Reminder**

**As a part of my Sunday School Obligation**

**To continue to be an active participant in my child’s life,**

**I will be a blessing as a**

**Sunday School Parent Volunteer**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please keep this certificate as a reminder of the date you signed up to volunteer.**

**The St. Sabina Sunday School Ministry appreciates your support
in the lives and spirits of our children!**



 REGISTRATION

 “IT’S TIME TO INVADE” ***2021-2022 School Year***

|  |
| --- |
| I am registering for the \_\_ Sunday 10am Class \_\_ Saturday 5pm Class *(May be offered if sufficient enrollment.)* |
| Child’s (First Name) (Middle Name) (Last Name) / / |
| Child’s Age Date of Birth (MM/DD/YEAR) Does child attend school?  |
| If yes, School Name |
| Does this child have any known allergies or special needs regarding health or otherwise? (Please specify above.) |
| **Parent/Guardian Information** *(Please check one)*\_\_Mother \_\_Father \_\_Grandmother \_\_Grandfather \_\_Other |
| First Name Middle Name Last Name |
| Street Address City, State, Zip  |
| Email Address Home Phone Cell Phone |
| **Parent/Guardian Information** *(Please check one)*\_\_Mother \_\_Father \_\_Grandmother \_\_Grandfather \_\_Other  |
| First Name Middle Name Last Name |
| Street Address City, State, Zip  |
| Email Address Home Phone Cell Phone Are you registered members of The Faith Community of St. Sabina? \_\_\_Yes \_\_\_NoHas your child received the Sacraments of:1. Baptism \_\_\_Yes \_\_\_No If yes, what date? \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. First Communion \_\_\_Yes \_\_\_No If yes, what date? \_\_\_\_/\_\_\_\_/\_\_\_\_\_Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Confirmation \_\_\_Yes \_\_\_No If yes, what date? \_\_\_\_/\_\_\_\_/\_\_\_\_\_Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Parent Commitments:** Parent Assistant Volunteer Planned Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  / / |

Parent/Legal Guardian Signature Today’s Date

*Please submit this completed form with a love offering to defray program costs.*

SUNDAY SCHOOL

EMERGENCY INFORMATION

“IT’S TIME TO INVADE” ***2021-2022 School Year***

|  |
| --- |
|  |
| Child’s (First Name) (Middle Name) (Last Name) / / |
| Child’s Age Date of Birth (MM/DD/YEAR) Home Phone  |
| Child’s Street Address City, State, Zip |
| **Parent/Guardian Information** *(Please check one)*\_\_Mother \_\_Father \_\_Grandmother \_\_Grandfather \_\_Other |
| First Name Middle Name Last Name |
| Street Address City, State, Zip  |
| Email Address Home Phone Cell Phone |
| **Parent/Guardian Information** *(Please check one)*\_\_Mother \_\_Father \_\_Grandmother \_\_Grandfather \_\_Other  |
| First Name Middle Name Last Name |
| Street Address City, State, Zip  |
| Email Address Home Phone Cell Phone |
| **Nearest Relative/Responsible Adult who can be contacted if parent or legal guardian cannot be reached**1. |
| First Name Middle Name Last Name |
| Street Address City, State, Zip |
| Home Phone Cell Phone Work Phone2.  |
| First Name Middle Name Last Name |
| Street Address City, State, Zip |
| Home Phone Cell Phone Work Phone  |
| Medical Information Please provide any medical information necessary in case of emergency |
|  |
| Doctor’s Name Doctor’s Address |
| Doctor’s Phone Pager Fax |
| Child’s Insurance Provider Insurance Number |

**My child is currently taking the following medication(s):**

|  |
| --- |
|  |
|  |

**My child has the following medical condition(s):**

|  |
| --- |
|  |
|  |

Allergies

|  |  |
| --- | --- |
| **My child is allergic to:** (Please list all medications, foods and other substances to which your child is allergic.) | **My child has the following allergic reactions:** (Please describe your child’s reaction to the corresponding substance you listed in the column on the left) |
|  |  |
|  |  |
|  |  |
|  |  |

Medical Permission Statement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my permission for the administration of first

aid and/or prescribed medication form my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by those with whom I have entrusted the care of him/her during his/her participation in the class, program, outing, field trip, or overnight stay, as their judgment deems advisable, and to make the necessary referral to qualified physicians for the treatment of illness or injury of a serious nature. I understand that surgery will not be performed, except when delay will endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent or legal guardian of the participant. In the event I cannot be reached, I hereby give my permission to the attending physician to hospitalize, x-ray, secure proper treatment for, and order injection(s), anesthesia and surgery, as deemed necessary for my child.

Parent/Legal Guardian Signature Today’s Date