Hello Parents and Guardians,

Welcome to our 2022-2023 Sunday School Ministry! Our theme for this year is “Do not be Afraid, I am with you.” Isaiah 43:5. 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 achieve our goals.

Included in the attached packet, you will find:
- “Do not be Afraid, I am with you” Quick Reference Sheet with information and reminders
- COVID-19 Safety Protocols
- A Parent Volunteer Reminder Certificate, and
- Registration and Emergency Forms.

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. We Thank You in advance!

Events & Activities planned for this 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)
- SNAPeLOGY (Fun with LEGO)
- End of the Year Party

Please return the completed Registration and Emergency Forms, make note of your volunteer date(s) 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

September 2022
Dear 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.**

- **No Sunday School Classes on:** 1st Sunday of the month, Easter, 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 to Class sessions.**
- Sunday School is a **Device-Free Zone.** Computers, tablets, phones, games, gadgets and toys are not permitted.
- Support the Ministry by engaging your child/ren to talk about the lesson and scripture they learned in session.
- **We would love to have you as a Volunteer:**
  - Parent Volunteers assist on Sunday by supporting teachers, helping with sign-in, passing out materials, helping children clean their area for snack time, supervise hand washing, and distributing snacks.

**Sunday School Ministry Team**

**Sunday School Teachers:**
- Julianna Screen
- Isabelle Glass
- Louis Woodland
- Kimberly Thomas
- Linda Christian

**Ministry Team Leaders and Teachers:**
- Karine Guignard | k.guignard3@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

“Do not be Afraid,
I am with you”
Isaiah 43:5

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. The Sunday School Ministry will do its best to follow CDC guidelines and protect everyone who participates 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 are not required, but it’s strongly suggested, to wear mask.
- 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.
- Let us know if you do not want your Child to wear a mask.

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 Covid -19 virus 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 🌟
“Do not be Afraid, I am with you”  
Isaiah 43:5

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!
I am registering for the _____ Sunday 10am Class

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    ___No

Has 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**

“Do not be Afraid, I am with you”

2022-2023 School Year

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**Parent/Guardian Information** *(Please check one)*

- [ ] Mother
- [ ] Father
- [ ] Grandmother
- [ ] Grandfather
- [ ] Other

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**Nearest Relative/Responsible Adult who can be contacted if parent or legal guardian cannot be reached**

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Medical Information  Please provide any medical information necessary in case of emergency

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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)

| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |

Medical Permission Statement

I, _________________________________________, hereby give my permission for the administration of first aid and/or prescribed medication for 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