

Chippewa United Methodist Church Presents

Not Quite an Overnight!

Special event for 3rd, 4th & 5th grade students

Friendship Themed event – “A friend loves at all times.”

Based off the classic children’s literature book – “The Indian in the Cupboard”



Featuring: An oldie but goodie Big Screen Movie, Big Gym Games, Popcorn Bar & Ice Cream Bar



**Sunday January 20
7:00 – 10:00pm**

**Community Life Center
3, 4 & 5 Grade
\$10.00 Entrance Fee**

Don’t Wait to Register! Students must be pre-registered with payment by January 15. Complete registration form below, detach and send or drop off with payment to Chippewa United Methodist Church, 2545 Darlington Road, Beaver Falls, PA 15010

Detach and return with \$10.00 registration fee to Chippewa United Methodist Church (724-843-4828)

(Print)

Child’s Name: _____ Birth Date: _____ Sex: M F

School Child Attends _____ Current School Grade _____

Parents Name: _____ Phone: (Home) _____ (Cell) _____

Address: _____ City: _____ St. _____ Zip: _____

E-Mail Address: _____

Emergency Contact _____ Phone _____

Please indicate any medical concerns regarding your child that the staff may need to be made aware of while your child is participating in the above named event. (Please include dietary allergies) _____

I, the undersigned, do hereby grant to Chippewa United Methodist Church to use the image of my child that may include the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Chippewa United Methodist Church Web site. I do understand that my child’s name will not be used in conjunction with any video or digital images.

In abidance with the Safe Sanctuary policy of the Chippewa United Methodist Church, all children must be signed in and out of an event by a responsible adult. Therefore, I agree to the sign in/out procedures for the event as named above and will provide the name of the person responsible for signing my child out of the event if different from the person signing child in to the event.

Parent Signature _____ Date _____

For Office Use Only

Paid _____ Cash/Check _____ Date _____