



Weekends of Wonder: Children's Church

Solomon's UCC is pleased to offer a program for kids called Weekends of Wonder! On the second Saturday of every month, we will be offering a Christian education program for children ages 3 years and older. From 9:30 AM until noon, we will provide stories, songs, and activities designed to teach children about God and God's love. Meanwhile, guardians get the morning off! Go have brunch, enjoy the gym, run errands at your pace, drink a cup of coffee without reheating it - whatever it looks like for you, have a sabbath!

- Your child(ren) is/are not obligated to attend every month. Come when you can!
- All staff/volunteers have PA State Criminal Background Checks and Child Abuse History Clearances.
- Children are welcome to bring their own snacks, but we cannot provide them and will not allow children to share (for allergy protection). Water will be provided if a child does not bring their own.
 - We are NOT a peanut-free facility. Please contact us to discuss any accommodations we might be able to make to ensure a safe environment for your child(ren)!
- We may take pictures or do videos as part of our marketing and outreach of this program. No images (photos, videos, etc) taken of children in the program will include any identifying features of children without express, prior permission of their guardian. If guardians would like pictures they may take some of THEIR child(ren) at pick-up.
- Child(ren) must be potty trained.
- Child(ren) will not be released at pick-up to anyone other than legal guardians unless prior arrangement is made with SUCC staff/volunteers.
- Children and their loved ones are invited to attend Sunday worship at 10:15 the next morning and to share what they learned/created!

Dates (for 2025): May 10, June 14, July 12, Aug. 9, Sept. 13, Oct. 11, Nov. 8, Dec. 13

Time: 9:30 AM - 12:00 PM

Location: Solomon's UCC
1594 Swamp Fox Rd.
Chambersburg, PA 17202

Cost: FREE!

Donations are welcome and can be designated specifically for this program if you wish.

To register your child(ren), fill out the form below and return it to Solomon's UCC any of the following ways:

- Email (solomonsucc@embarqmail.com)
- USPS (1594 Swamp Fox Rd., Chambersburg, PA 17202)
- Drop off in-person when you come for Sunday worship (10:15 AM)



SUCC Weekends of Wonder Registration Form

Child Name(s) and Grade Level (for summer start, list grade completed)

Legal Guardian Name(s)

Legal Guardian Contact Information

Phone Number(s)

Email Address(es)

Primary: ____ - ____ - ____

Secondary: ____ - ____ - ____

If one of the phone numbers listed above is a cell phone number do we have your consent to text you at this number? (circle one) Yes / No

Mailing Address (not required)

Street: _____

City: _____ State (if not PA): _____

Zip Code: _____

Emergency Contact Information

(in the event that we are unable to contact a legal guardian)

Name: _____

Relationship: _____ **Authorized to Pick-Up:** (circle one) Yes / No

Phone Number: ____ - ____ - ____

Name: _____

Relationship: _____ **Authorized to Pick-Up:** (circle one) Yes / No

Phone Number: ____ - ____ - ____

Medical Information

(will be kept confidential and only referred to in the unlikely event that EMS must be called)

Allergies: _____

Pre-existing conditions relevant to EMS: _____



Medications relevant to EMS:

Please list any additional information or comments here:

Permission and Waiver

By signing below, I, _____, the legal guardian of _____ ("Child(ren)"), hereby give permission for Child(ren) to attend **Weekends of Wonder** at Solomon's United Church of Christ (SUCC). I understand that whenever kids get together and especially when they are excited or in new places sometimes accidents happen or injuries occur (to kids and grown-ups). I understand that SUCC, SUCC staff, and SUCC agents will be acting in good faith in operating the Weekends of Wonder program, but that by permitting my child to participate in Weekends of Wonder I am assuming risks such as, but not limited to, illnesses or injuries to myself or my child(ren). I hereby release SUCC and all SUCC agents from any and all liability for any damage, injury or loss arising out of my Child(ren)'s participation in this program.

Guardian Signature: _____

Guardian Printed Name: _____

Date: _____