

Friendly Messenger

July 2021

Summertime!

Summer is my favorite season! The summer solstice on June 21st brought in the new season last Monday. After our very cold winter, I have been looking forward to the bright sun and the hot weather. I know many of you have pools and I hope you have gotten to start enjoying them! Tis the season to go swimming!

This month, we will expand our reopening efforts. The congregational council approved the Reopening Committee's recommendation to resume singing inside the sanctuary and to bring the hymnals back in the sanctuary for use. As of July 1, the Educational Building will be open and available to schedule parties, reunions, and other events. We will resume with weekly communion modified so that we do not need to leave our seats. The prepackaged elements will be brought to you! In August, we will return to weekly communion in the manner we did prior to the pandemic.

In August, we will return to our acolyte and crucifer, usher, greeter schedules. On August 29, we will have Rally Day with all classes together to start off the new year.

We will resume Sunday School classes as usual on the first Sunday of September.

There are some great opportunities happening this summer. Camp Agape is coming to Catawba County to provide a week of day camp July 19 through July 23. St. Paul's Startown hosts the church camp on their mission property. We are helping collect craft supplies as well as meals for the counselors.

While we are helping to make the camp possible, we would also like to invite our children to attend! Rising first through eighth graders are eligible. Camp is the most formative experience for a child's faith development. This is the place where children and youth encounter the Holy and learn about God's love for us in Jesus Christ. I encourage you to consider this opportunity! As part of our ministry, we are able to cover the cost of attending camp for up to ten children. If you would like to register your little one, you can find the registration and health forms in this newsletter. Please turn them into the office by Thursday, July 1st.

Please also sign up for Vacation Bible School! It will be held at Grace Lutheran from July 25-28th. We will be exploring the treasures of the Kingdom of God together with Wesley's Chapel, Plateau, Zion Lutheran, and others. Please sign up for a t-shirt! The sign-up sheet is located on the table in the narthex.

Blessings to you this Independence Day!

Grace and Peace,
Pastor Adrienne



YEAH!!! Back Together Again

The Fred T. Foard Senior Citizens group meet on the first Wednesday of each month for lunch and a program. The group will meet in July on the 7th at Grace Lutheran. All are invited to join us for fun, food, and fellowship.

Sardis Sisters Events

Dinner at El Sarape July 1

The first Sardis Sister outing will be dinner at El Sarape on July 1. The restaurant will reserve outdoor seating and we will order off the menu. Plan to arrive at the restaurant around 6:00. For those wanting to carpool, please meet at the church at 5:45 or give Donna a call or text (828 381 0124) and she will pick you up. Remember our outings are open to everyone – Sardis members, friends, community.



Crawdad Game July 30th

Let's get together (families included) on July 30th for the Hickory Crawdads to play the Greenville Drive. This is a Disney night, so attendees are invited to dress up as their favorite Disney character. First pitch is at 7:00 WITH fireworks following the game. Please let Donna Biggerstaff, Susan Jones or the church office know how many will attend BY SUNDAY, JULY 25th so tickets can be purchased together. Plan to arrive at the main gate between 6:30 and 7:00. For those wanting to carpool, please meet at the church at 6:00 or give Donna (828 381 0124) or the church office a call and transportation will be arranged.



August School Supplies

The Sardis Social Committee will be collecting school supplies for Banoak and Blackburn during July and the first of August. Everyone is hoping for a “normal” school year, but regardless of the specifics there will be students whose parents cannot afford school supplies. The Social Committee reached out to Blackburn and Banoak’s principals to discuss 2021/2022 school needs that the Sardis Family can donate.

Both schools will need stocked supply closets to furnish needy students the supplies and ensure students are not sharing items like crayons, paper, and scissors. Below is a list of needed supplies.

- Composition Notebook-100 sheets (marble design)
- Colored pencils-12 pack
- # 2 yellow pencils
- Crayola Washable Markers 8 pack
- Large glue sticks
- Pack of pencils topper erasers or large pink block erasers
- Loose leaf notebook paper (wide ruled 100 sheets)
- Primary Notebooks (wide ruled)
- Pencil Boxes
- Fiskars Scissors
- Inexpensive earphones
- Book Bags (Back packs)



The following items are also welcome for classroom use.

- Band aids
- Facial tissues
- Ziploc bags
- Copy paper (white)
- Liquid soap
- Hand Sanitizer

Please bring any items you can donate to the church from July 4th until August 16th and place in the church narthex. Pastor Adrienne will bless the donated supplies as well as the Book Bags and supplies of the Sardis Students during the August 22nd service. The items will be shared between the two schools.

Agape Day Camp St. Paul July 19-23

The Ladies of the church have decided to help with the crafts and the lunch and dinner for counselors. The lists of craft items needed are listed below. We will take craft donations on June 27th, and July 4th. Please place them in the back of the Sanctuary. Also, we will have an offering to help with the costs of the 2 meals. With the love offering collected, we will purchase gift cards for the counselors. The offering will be taken on June 27th. Please put your donations in Love Offering envelopes designated for Camp Agape and place in the offering basket.

Craft Items

DAY	CRAFT	SUPPLIES NEEDED
Monday	Upcycled Planters	Peeled and cleaned cans (15 oz or larger preferred), magazines (old that kids can cut up)
Tuesday	Coffee Filter Tie Dye Creations	Coffee filters, markers, pipe cleaners
Wednesday	Seed Bombs	Construction paper or newspaper, bowls, wax paper, paper towels, seeds (camp will provide extra)
Thursday	Joyful Noise Tambourines	Paper plates, hole punch, markers/crayons, yarn
Friday	New Creation Crayons	Old crayons to melt down (peeled or unpeeled), oven use, baking sheets and cupcake pans to use for melting (we will provide liners/molds!)
Throughout the week	Everyday	Also- construction paper, crayons, markers, colored pencils, scissors, glue, and tape

Please fill out Registration and Health Forms and email or bring to the office by July 1st, 12:00PM.

Return completed form to your church's Day Camp Coordinator

<p>To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.</p> <ol style="list-style-type: none"> 1. Complete front and back of this form and make a copy. 2. Send the <u>original</u> signed form to camp at least 10 days prior to camper's arrival. 3. Campers cannot be accepted for camp sessions without a signed health history. 	<p>Mail this form to:</p> <p>Agapé & Kure Beach Ministries 1369 Tyler Dewar Lane Fuquay-Varina, NC 27526</p>																						
<p>Camper Name: _____ Last _____ First _____ Init. _____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date _____ Grade Entering: _____ Dates will attend camp: from _____ to _____ <small>Month/Day/Year Month/Day/Year Month/Day/Year</small></p> <p>Camper Email: _____ Camp Program _____</p> <p>Camper Home Address: _____ Street Address _____ City _____ State _____ Zip Code _____</p>																							
<p><u>Parent/guardian with legal custody to be contacted in case of illness or injury:</u></p> <p>Name: _____ Relationship to Camper: _____</p> <p>Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____</p> <p>Home Address: _____ <small>(If different from above)</small> Street Address _____ City _____ State _____ Zip Code _____</p>																							
<p><u>Second parent/guardian or other emergency contact:</u></p> <p>Name: _____ Relationship to Camper: _____</p> <p>Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____</p>																							
<p><u>Additional contact in event parent(s) (guardian(s)) can not be reached:</u></p> <p>Name: _____ Relationship to Camper: _____ Home/Cell Phones: (____) _____ (____) _____</p>																							
<p>Allergies: <input type="checkbox"/> No known allergies. <input type="checkbox"/> This camper is allergic to: <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> The environment (insect stings, hay fever, etc.) <input type="checkbox"/> Other <i>(Please describe below what the camper is allergic to and the reaction seen.)</i></p>																							
<p>Diet/Nutrition: <input type="checkbox"/> This camper eats a regular diet. <input type="checkbox"/> This camper eats a regular vegetarian diet. <input type="checkbox"/> This camper has special food needs. <i>(Please describe below.)</i></p>																							
<p><u>Activity Restrictions:</u> Chronic illness, operations, or serious injury. <i>(Please describe below.)</i></p>																							
<p><u>General Health History:</u> Check "Yes" or "No" for each statement. Explain "Yes" answers below.</p> <p>Has/does the camper:</p> <table style="width: 100%;"> <tbody> <tr> <td>1. Had frequent ear infections? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>12. Had mononucleosis ("mono") during the past 12 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>2. Have a heart defect or heart disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>13. If female, have problems with periods/menstruation <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>3. Had seizures or convulsions? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>14. If female, has been told about menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>4. Have a bleeding/clotting disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>14. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>15. Had hypertension?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>6. Have asthma/wheezing/shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>16. Have a history of bedwetting? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>17. Had Chicken Pox?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>8. Had Psychiatric Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>18. Had Measles?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>9. Have headaches?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>19. Had Mumps?. <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>20. Had German Measles?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>11. Have diabetes? (year) <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> </tbody> </table> <p>Please explain "Yes" answers in the space below, noting the number of the questions.</p>		1. Had frequent ear infections? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Had mononucleosis ("mono") during the past 12 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have a heart defect or heart disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. If female, have problems with periods/menstruation <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Had seizures or convulsions? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. If female, has been told about menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have a bleeding/clotting disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Had hypertension?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have asthma/wheezing/shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have a history of bedwetting? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Had Chicken Pox?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Had Psychiatric Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Had Measles?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have headaches?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Had Mumps?. <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Had German Measles?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Have diabetes? (year) <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Had frequent ear infections? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Had mononucleosis ("mono") during the past 12 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No																						
2. Have a heart defect or heart disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. If female, have problems with periods/menstruation <input type="checkbox"/> Yes <input type="checkbox"/> No																						
3. Had seizures or convulsions? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. If female, has been told about menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No																						
4. Have a bleeding/clotting disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Had hypertension?..... <input type="checkbox"/> Yes <input type="checkbox"/> No																						
6. Have asthma/wheezing/shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have a history of bedwetting? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Had Chicken Pox?..... <input type="checkbox"/> Yes <input type="checkbox"/> No																						
8. Had Psychiatric Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Had Measles?..... <input type="checkbox"/> Yes <input type="checkbox"/> No																						
9. Have headaches?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Had Mumps?. <input type="checkbox"/> Yes <input type="checkbox"/> No																						
10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Had German Measles?..... <input type="checkbox"/> Yes <input type="checkbox"/> No																						
11. Have diabetes? (year) <input type="checkbox"/> Yes <input type="checkbox"/> No																							

Agapé † Kure Beach Ministries Health History Form

Camper Health History Form (page 2)	Camper Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Init. </div>																																										
Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement. Has the camper: 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. During the past 12 months, seen a professional to address mental/emotional health concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.</i>																																											
Immunization Record: Date of Last Tetanus _____ DPT _____ Polio _____ MMR _____ <i>If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.</i> Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____																																											
Medication: <input type="checkbox"/> This camper will not take any daily medications while attending camp. <input type="checkbox"/> This camper will take the following daily medication(s) while at camp: <i>"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.</i> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Name of Medication</th> <th>Date Started</th> <th>Reason for taking it</th> <th>When it is given</th> <th>Amount or dose given</th> <th>How it is given</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ </td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ </td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ </td> <td></td> <td></td> </tr> </tbody> </table> <p>The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Cross out those the camper should <u>not</u> be given.</p> <table style="width: 100%; font-size: x-small;"> <tr> <td>Acetaminophen (Tylenol)</td> <td>Phenylephrine decongestant (Sudafed PE)</td> <td>Calamine lotion</td> </tr> <tr> <td>Ibuprofen (Advil, Motrin)</td> <td>Pseudoephedrine decongestant (Sudafed)</td> <td>Antibiotic cream</td> </tr> <tr> <td>Antihistamine/allergy medicine</td> <td>Guaifenesin cough syrup (Robitussin)</td> <td>Aloe</td> </tr> <tr> <td>Diphenhydramine antihistamine/allergy medicine (Benadryl)</td> <td>Dextromethorphan cough syrup (Robitussin DM)</td> <td>Bandaid Anti-Itch Gel (.45% camphor)</td> </tr> <tr> <td>Calcium Carbonate (Tums, Antacid tablets)</td> <td>Generic cough drops</td> <td>Isotonic Solution (eyedrops)</td> </tr> <tr> <td>Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)</td> <td>Sore throat spray</td> <td>Isopropyl Alcohol (ear drops for swimmer's ear)</td> </tr> </table>		Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____			Acetaminophen (Tylenol)	Phenylephrine decongestant (Sudafed PE)	Calamine lotion	Ibuprofen (Advil, Motrin)	Pseudoephedrine decongestant (Sudafed)	Antibiotic cream	Antihistamine/allergy medicine	Guaifenesin cough syrup (Robitussin)	Aloe	Diphenhydramine antihistamine/allergy medicine (Benadryl)	Dextromethorphan cough syrup (Robitussin DM)	Bandaid Anti-Itch Gel (.45% camphor)	Calcium Carbonate (Tums, Antacid tablets)	Generic cough drops	Isotonic Solution (eyedrops)	Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)	Sore throat spray	Isopropyl Alcohol (ear drops for swimmer's ear)
Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given																																						
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____																																								
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____																																								
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____																																								
Acetaminophen (Tylenol)	Phenylephrine decongestant (Sudafed PE)	Calamine lotion																																									
Ibuprofen (Advil, Motrin)	Pseudoephedrine decongestant (Sudafed)	Antibiotic cream																																									
Antihistamine/allergy medicine	Guaifenesin cough syrup (Robitussin)	Aloe																																									
Diphenhydramine antihistamine/allergy medicine (Benadryl)	Dextromethorphan cough syrup (Robitussin DM)	Bandaid Anti-Itch Gel (.45% camphor)																																									
Calcium Carbonate (Tums, Antacid tablets)	Generic cough drops	Isotonic Solution (eyedrops)																																									
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)	Sore throat spray	Isopropyl Alcohol (ear drops for swimmer's ear)																																									
Health-Care Providers: Name of camper's primary doctor(s): _____ Phone: (_____) _____																																											
Medical Insurance Information: This camper is covered by family medical/hospital insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please include a copy of your insurance card; copy both sides of the card so information is readable.</i> Insurance Company _____ Policy or ID # _____ Group Plan # _____ Subscriber _____ Insurance Company Phone Number (_____) _____ Where insured is employed _____ Address for claims _____																																											
Check here <input type="checkbox"/> If you do NOT give permission for A†KB Ministries to photograph your child for camp promotional purposes (brochures, SmugMug, etc.) No names are used.																																											
Parent/Guardian Authorization for Health Care: This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____																																											
What Have We Forgotten to Ask? Please attach any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.																																											

2021 Vacation Bible School

Sponsored by Grace Lutheran Church, Newton

Welcome All Pirates Searching for the Treasure of the Gospel!

Announcing VBS 2021 for all neighboring Lutheran Congregations.

This year's theme will be a Treasure Hunt based on Gospel of Matthew



**Dates: Sunday, July 25th, 2021
through Wednesday July 28th**

Kick Off: Sunday the 25th at 5:00 pm -7:00 pm
(registration, hot dogs, Introduction/lesson/games)

Schedule: Monday through Wednesday - Meal each day at 5:30

Lessons/Crafts/Games/Music start at 6:00

***Pre-Registration begins June 1st: You may register by email at:**

gracenalcnwton@aol.com

For further details or call 704-462-1035, M-F 9:00 am to 12:00 Noon

***Note: COVID restrictions and protocols will be observed as**

mandated by state and/or Church Board

THERE IS AN ADULT CLASS!!!

Sardis Lutheran
Church Council Minutes
May 10, 2021

Members Present:

Pastor Adrienne, Bruce, Terry, Jon
Tim, Ben, Mike, Kathy, April

Members Absent:

Gene, Carolyn, Bryan, Susan

Bruce called the meeting to order, April had devotions.

Kathy read the April minutes, with one correction. Jon made a motion to accept the minutes with correction, Ben seconded, and the motion was approved.

Bruce presented the Treasurer's report. The Building Fund has a balance of \$4,662.94; the Cemetery Fund has a balance of \$358.69. The General Fund balance is \$5,423.91. Terry made a motion to accept the reports as presented, Mike seconded, and the motion passed.

Pastor Adrienne presented her report:
Greetings in the name of our Lord Jesus Christ!

We have progressed through this Season of Easter and are quickly approaching the Festival and Season of Pentecost – “Ordinary Time,” as the Church calls it. Even though the Church defines “ordinary” as the time that falls outside of the two great seasons of Christmastide and Eastertide, I imagine many of us are ready to get back to what we know as “ordinary time!” We have come a long way since last year and have been working together to figure out the best way forward for reopening.

I am grateful for the hard work and leadership of the Reopening Committee. As a project to go along with our reopening efforts, I thought a video might be a fun way to help get out information about guidelines. I took one of my favorite songs and rewrote the lyrics, Frank and I worked on recording, and then a small group got together to film some scenes for the film. It was a lot of fun to make and hopefully it will help us communicate our guidelines for returning inside.

In general, Frank and I stay engaged with worship planning. I am making phone calls and staying in touch with congregation members as I am able. I am also doing my best to get in as many continuing education hours in before the Fall. One focus I would like to explore is pastoral care, especially around mental health, after (and during) the pandemic. I will be attending a one-day retreat on the impact of covid19 on mental health and how we might care for each other. I am looking forward to attending this on Thursday.

I also have an update to share about my fostering licensure. I have been licensed as a Resource Parent for the State of North Carolina. I have been matched with an eight-year-old boy named Brysen. He visited me this past weekend and he is coming to live with me on Friday. He is sweet, smart, and just adorable! I am excited to have him with me but am also aware that a placement is always bittersweet because there is also separation and pain that must happen before a placement. I am planning for him to come to church with me and am looking forward to everyone meeting him. I appreciate your prayers for us!

Council min. cont.

Summary

Drive-in Service, Sunday, April 18th

Holy Baptism of Clarence Ray Smyre, Sunday, April 18th

Worship and Music Committee, Wednesday, April 21st

Coaching Session, Monday, April 26th

Reopening Committee, Tuesday, April 27th

Lifeline Meeting, Thursday, April 29th

Filming for Reopening Video, May 3rd

LIGHTS Conference Meeting, Thursday, May 6th

Reopening Committee, Thursday, May 6th

Upcoming

Continuing Education, Stepping up to Supervision

May 11, 10:30 am-12 noon; 1:30 pm to 3 pm

May 18, 10:30 am-12 noon; 1:30 pm to 3 pm

May 25, 10:30 am-12 noon; 1:30 pm to 3 pm

Continuing Education, Grace-filled Embodiment, Wednesday, May 12

Continuing Education, Hickory Area Ministers Retreat: "Emerging from the Wilderness and Preparing for What Comes Next", Thursday, May 13th

Continuing Education "Thriving Beyond COVID19" (NC Synod), Sunday, May 16th

Synod Assembly Info Sessions:

May 22, May 23, May 25

Festival of Pentecost, Sunday, May 23rd

Holy Trinity Sunday, Sunday, May 30th

Synod Assembly (virtual), Thursday, June 3-5

Items for Action/Discussion

Thriving Beyond COVID19 Study in preparation for Council Retreat and visioning session with Pr. Greg Williams Includes four brief seed-planting videos, three Bible study sessions, activities for small and large group conversation. The cost is free.

Respectfully Submitted,
Pastor Adrienne Martin

Old Business:

Worship and Music Committee: Chairperson Becky Gladden presented some updated guidelines for funerals and weddings. These include guidelines for use of church property and cost for inactive and nonmembers. After some discussion, Becky will check on surrounding churches concerning their guidelines and costs requested. Jon seconded a motion to wait on voting on the guidelines until the final presentation by the Worship and Music Committee and the motion passed. Becky will present her findings at a follow-up Council meeting.

Reopening Committee: Chairperson Marilyn Teague presented updated guidelines on reopening and reiterated these are temporary and changing as to follow the governor's and ELCA guidelines. She also presented a video made by Sardis members and Pastor Adrienne about the church's reopening that will be posted on the website.

Council min. cont.

Update on Painting: No starting date has been set.

New Business:

August Council Retreat: Tim said the room reserve fee at Hart Square will be \$250, but the rooms are available for August 7th, 8:30 – 12. Our speaker Pastor Greg Williams recommends Bible study prior to the retreat to have some background info and ideas/thoughts ready for discussion. Suggested dates for the Bible study are May 20th, June 30th and July 29th starting at 7pm. Attendance is requested if possible.

Vacation Bible School: April said that no specifics had been set but would like any and all that would like to volunteer to see her.

Old Steeple: Terry suggested the church keep the ball and cross from the steeple and dispose of the rest. Council agreed if no other ideas were presented.

With no other items presented for discussion, Kathy made motion to adjourn. Pastor Adrienne lead us in praying the Lord's Prayer.

Respectfully submitted,
Kathy Weaver, Council Secretary

A graphic with a dark gray background featuring a geometric pattern of overlapping triangles. In the center, the words "Church Council" are written in a white, sans-serif font, and below them, the word "MEETING" is written in a larger, bold, white, sans-serif font. The text is enclosed in a thin white rectangular border.

**Church Council
MEETING**

July 2021

Sardis Lutheran Church

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1 12:00 Agape Day Camp Forms due 6:00 Sardis Sisters: El Sarape	2	3
4 INDEPENDENCE DAY 10:30 Worship Ser- vice/Holy Commu- nion and FB Live Stream	5 Office Closed	6 10:00 Bible Study	7 12:00 FTF Seniors Grace Lutheran Church	8	9	10
11 10:30 Worship Ser- vice/Holy Commu- nion and FB Live Stream 7:00 Church Council	12	13 10:00 Bible Study	14	15	16	17
18 9:00 Drive-in Wor- ship Service/Holy Communion and FB Live Stream	19 9-3 Agape Day Camp Pastor Vacation	20 No Bible Study 9-3 Agape Day Camp Pastor Vacation	21 9-3 Agape Day Camp Pastor Vaca- tion 5:00 August	22 9-3 Agape Day Camp Pastor Vaca- tion	23 9-3 Agape Day Camp Pastor Vaca- tion	24 Pastor Vacation
25 10:30 Worship Ser- vice/Holy Commu- nion and FB Live Stream Pastor Vacation 5:30 VBS—Grace. 6:30 LMM	26 5:30 VBS— Grace.	27 10:00 Bible Study 5:30 VBS— Grace.	28 5:30 VBS— Grace.	29	30 7:00 Hickory Crawdads	31

NOTE

If you have a birthday or anniversary and they are not listed please let the office know. Thank you.

SARDIS LEADERS CONTACTS

Pastor: The Rev. Adrienne E. Martin (C) 469-243-5237 pastor@sardislutheran.com

Organist/Director of Music: Frank Griffin, tfgriffin59@gmail.com

Council Chair: Bruce Sigman (C) 828-310-5851 bruce.camping@gmail.com

Secretary/Treasurer: Jane Moretz, (C) 828-302-8458 secretary@sardislutheran.com

July		<u>COUNCIL CONTACT</u>		<u>ASSISTING MINISTER</u>
7/2	Kristin Teague			
7/3	Frank Griffin	Bryan Hood	July 4	Ray Whitener
7/6	Alex Midgett		July 11	Nena Babb
7/10	Allison W. Short		July 18	Rick Johnson
	Catherine D. Hood		July 25	Tim Whitener
7/12	Pastor Martin			
7/16	Becky Gladden			
7/18	Gary Speagle	ALTAR FLOWERS		SECURITY
7/19	Dorothy Lutz	July 4	Dorothea Wyant	Rick Lutz
7/21	Rick Lutz	July 11	David & Mildred Fulbright	Zach Stuart
	Zayde Yousef	July 18	Benny & Edna Fulbright	Bruce Sigman
7/23	Carol Mayer		Linda Wilson	
7/26	Wanda Stallings	July 25	Randy & Joyce Speagle	Bryan Hood
	Maleah G. Duncan			
7/28	Paisley A. Hood			
7/29	Susan Jones			
7/31	Al King	SATURDAY MEAL DELIVERY		
	Monte Speagle	July 3	No Meal Delivery	
		July 10	Margaret Whitener	
		July 17	No Meal Delivery	
		July 24	Carolyn Hoyle	
		July 31	No Meal Delivery	
	Ben & Jennifer Whitener			
	7-30			

REMEMBER: you can find this NL, the weekly calendar and Sunday Sermons on the website: <https://sardislutheran.com/> mark it as a favorite and check it out often.

OUR MISSION

Sardis Evangelical Lutheran Church serves together as disciples of Christ, teaches the word to invite people into a life of knowing Jesus, encourages each other in faith and personal mission through reaching out to the needs of the community and individuals.

Methods for Giving

Gifts may be made online by clicking on the green “Give” button on our NEW website www.sardislutheran.com or our Facebook page.

or

Gifts may be mailed to:
Sardis Lutheran Church
6103 W. NC 10 Hwy.
Hickory, NC 28602

or

You may bring your gifts by the church during office hours. Place your gift in the basket out front and ring the bell to alert the office of your gift.

God bless you and keep you in his care.

SARDIS LUTHERAN CHURCH
6103 W NC 10 HWY
HICKORY NC 28602

