

Join us for Sing & Celebrate!-

What is Sing & Celebrate?

Sing & Celebrate is a free of charge Wednesday afternoon program geared towards children. The children will meet weekly from 3:30 to 5:30 for snacks, story time, chapel, lessons, crafts, and choir! Older children will have the opportunity to participate in mini-mission trips.

Who can attend Sing & Celebrate?

EVERYONE – 2 years of age to 5th grade as of September 1 , 2022

When is Sing & Celebrate?

The program kicks off September 7 and will follow the Lexington School District Two's calendar.

Where is Sing & Celebrate?

Sing & Celebrate is held in Mt. Tabor Lutheran Church's Assembly Room.

How do I sign up for Sing & Celebrate?

Complete the attached form and return it to the church office. Staff will update you with further details once you've registered.





Sing and Celebrate Registration Form 2022-2023

(Scheduled to begin September 7, 2022)

CHILD INFORMATION

Name: _____
Home Address: _____
Date of Birth: _____ Age: _____
School: _____ Grade: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1: _____
Cell Phone #: _____ Work Phone #: _____
E-mail Address: _____

Parent/Guardian 2: _____
Cell Phone #: _____ Work Phone #: _____
E-mail Address: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, this person will be contacted if we cannot get a hold of a parent/guardian.

Contact: _____ Relationship to Child: _____
Phone #: _____

HEALTH INFORMATION

Insurance Provider: _____ Policy No.: _____
Policy Holder: _____

List any medication, allergies, health history or special needs that we need to know about your child in order to provide the best possible care:

PARENTAL/GUARDIAN CONSENT

I am informed about all the policies and programs of Mt. Tabor Lutheran Church and give my child permission to participate in all activities (including mini-mission trips) that relate to Sing & Celebrate. In the event that I cannot be reached in an emergency, I give my permission to the physician selected by a leader of Mt. Tabor, to administer necessary treatments. I understand that I am responsible for any and all expenses that are necessary and related to the medical care provided to my child.

Parent/Guardian Name: _____
(Printed)

Parent/Guardian Signature: _____
(Signature)

Date: _____
(Date)

CARPOOL OPTION

I am interested in participating in a carpool with other families from my school/area if available.

Please provide me with information of other families interested in carpooling.