



**All-Stars
for JESUS**

2009-2010

3rd, 4th, & 5th Graders

2nd and 3rd Wednesdays
September-May

5:30-7:00p.m.
Fellowship Hall



Join us for Bible Study, Fun and Games,
Friendship and much more! Dinner is
provided (suggested donation of \$3).

**The United Methodist
Church of Libertyville
429 Brainerd Avenue
847-362-2112**

Registration

Parent/Guardian
Names: _____
Phone: _____

E-Mail: _____
Address: _____
City: _____ Zip: _____

I prefer to be contacted by ___ phone ___ e-mail

Child
Name: _____
School: _____
Grade: _____ Birthday: _____

Medical Information
Allergies: _____

Other Information: _____

**If your child will be regularly leaving
with an adult that is not the above
listed parent/guardian, please indicate
below.**

How Can You Help?

**We ask that parents volunteer for 2
meetings during the year, when
possible. More frequent leadership
is always appreciated! Sign ups will
be available on at All-Stars events,
however we appreciate your
advanced sign-up below.**

_____ **Meals (5:10-6:10)**
Set-up, serve and clean up

_____ **Lesson/Games (6:10-7:10)**
**Assist in leading, set-up and
clean up**

_____ Sept.	_____ Jan
_____ Oct	_____ Feb
_____ Nov.	_____ March
_____ Dec	_____ April
	_____ May

**Occasionally there are other opportunities to
serve, such as organizing supplies, and
purchasing items. If you would be interested
in this or another opportunity, please feel free
to list that below.**

Medical/Permission Release

I, _____
Give my consent for my child to participate in the All-Stars for Jesus ministry at the United Methodist Church of Libertyville. I will not hold the church or staff responsible for injuries resulting from accidents. I understand that my child will participate in a number of activities, including indoor and outdoor games. _____(initial)

I also understand that in the case of a medical emergency involving my child, the United Methodist Church of Libertyville will attempt to notify me. If the church cannot reach me, I authorize the church to transport my child to a medical facility and to provide any and all necessary medical services. I agree to pay any medical expenses so incurred. _____(initial)

Parent/Guardian Signature

Date

Emergency Contact Information

Parent/Guardian

Name: _____

Cell: _____

Name: _____

Cell: _____

Alternate Emergency Contacts

In the event you cannot be reached, whom can we contact?

Name: _____

Phone: _____

Relationship to Family: _____

Name: _____

Phone: _____

Relationship to Family: _____



Dear All-Stars and Parents,

I can't wait for this year of All-Stars to begin! My prayer is that we will have a great year of food, friends and fun as we grow in God.

Friends are always invited to attend All-Stars, so don't forget to pass this along to anyone interested.

Please feel free to contact me if you have any questions!

I look forward to seeing you!

Grace and Peace,

Rev. Jessica Duncan
Director of Christian Education

Phone: 847-362-2112 ext 5

E-mail: duncan.jessica@sbcglobal.net