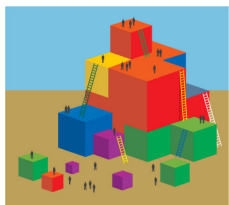


Super Sensory Experience

sponsored by St. James UMC Activities Ministries



Come join Ms. Cindy and Ms. Lanier for an hour of fun sensory play. We will use a sensory table to stimulate creativity, building and exploring. We will aim to introduce fun and very messy experiences (often avoided by moms)!

Dates: Thursdays

January 21-February 25

Time: noon to 1:00 pm

Ages: 2-3 year olds

Lunch: Please send a **sack lunch and drink** with your child to eat at Noon.

Location: St. James Preschool Room # 208

Dismissal: from room 208

Cost: \$90 class fee + \$10 supply fee = \$100
Minimum 5 students, Maximum 12 students

There will be no refund for missed classes.

Register 1 week prior to the start of class to avoid a \$15 late fee.

For more information, contact **Elizabeth Johnson**
EJohnson@StJamesAtlanta.org 404-261-3121

Super Sensory Experience

Child's Name: _____

Birthdate: _____

Address: _____

Home #: _____

Cell #: _____

Parents' Names: _____

Email Address: _____

Emergency Contact: _____

Phone #: _____

Pediatrician: _____ **Phone #:** _____

Allergies or special concerns: _____

Checks must accompany registration. Payment must be received prior to first class. Make checks payable to **St. James UMC** and return to the CHURCH office.

Parental agreement: I understand that neither St. James United Methodist Church, nor its employees or volunteers, can be held responsible for any injuries received by my child while en route to or from class, while attending class, or in any class activity. In case of emergency, the church's employees or volunteers have my permission to call doctors, ambulance, or use any hospital in the child's best interest.

I give permission for my child's photo to be used in print and website material.

Parent Signature

Date

Come and Play For One More Day

Office Use Only
D.R. _____ O. D. _____

Child's Name: _____

Birthdate: _____

Address: _____

Home #: _____

Cell #: _____

Parents' Names: _____

Email Address: _____

Emergency Contact: _____

Phone #: _____

Pediatrician: _____ Phone #: _____

Allergies or special concerns: _____

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