

Kidventures in Faith

Newfane United Methodist Church & St. Andrew's Episcopal Church
2699 Main St., Newfane, NY 2239 W Creek Rd., Burt, NY



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Our Schedule

3:30 p.m. – Gather and Settle in - 3:40 p.m. – Snacks and Story

4:00 p.m. – Songs

4:15 p.m. – Come together activities

4:40 p.m. Wonder Time (lesson and conversation)

4:55 p.m. Go in Peace (Spiritual Practice)

5:00 p.m. join families for Simple Supper

When children finish dinner - Experience Wonder (games)
and adult time of conversation – leave when fits your schedule

March 9, 16, 23, 30 – Newfane UMC

April 20, 27, May 4, 11 – St. Andrew's Episcopal

Kidventures Simple Supper

Open to families of those attending Kidventures - Starting at 5:00p.m.
Eat as a family before heading into your evening commitments.
No prep, No charge, No clean up

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2699 Main St., Newfane NY 2239 W Creek Rd., Burt, NY
Tel: (716) 778-7011 (571) 218-0984

REGISTRATION FORM – One per child

Child attending

Name: First _____ Last _____

Date of Birth: ____/____/____ Age: _____

Name of School: _____ Grade: _____

Guardian Information

Name : _____ Relationship : _____

Address : _____

Phone: Home # _____ Work # _____ Cell # _____

E-Mail (optional) : _____

Allergies/Medical Information/Other

Please list any information that will help us keep your child healthy and safe:

Emergency Contacts

Person: Name : _____ Relationship : _____ Phone: _____

Person: Name : _____ Relationship : _____ Phone: _____

Dismissal Information

Name(s) of person or persons who may pick up your child: _____

Photograph Consent

I give consent for photographs to be taken of my child during Kidventures, They may appear in church newsletters, social media, etc.: Yes ____ No ____

CONSENT I hereby give permission and consent for my child named _____ to participate in the Kidventures in Faith afterschool program. I also give the authority to the staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature: _____ Date: _____