



# INSIDE / OUT!

## A spiritual formation opportunity for children in grades 3-5

As we turn our thoughts toward our 2019 emphasis- "Formed in Christ", we are preparing opportunities for children to learn more of what all of this means for us as we try to become more like Jesus. Becoming like Jesus is a life-long process. It's not too early for children to begin their journey of letting God shape them into the people He has called them to be.

### **SO...Here's the Plan:**

**When:** Six weeks in February and March

**Dates:** February 6, 13, & 20; March 6, 13, & 20 (No gathering on March 27)

**Time:** After School - Children will be picked up from school in the church van by adult leaders and be transported to the church. There will be a time of snack and recreation before beginning each week's study.

**Who:** Any child in grades 3-5

**What's Needed:** A commitment! Children are encouraged to commit to as many weeks as possible in order to enhance understanding and growth as each week will build upon the previous week.

**Fine Print:** All children participating in Inside / Out must have a permission form signed by a parent.

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At the end of each week's Inside / Out experience, children can be picked up at 4:50 pm, just prior to Wed. fellowship dinner and/or handchimes or handbells.

**\*\*Parent volunteers are welcomed and needed. Please contact Suzanne if you are available to assist.**





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## **PERMISSION AND RELEASE FORM – Due by February 3**

My child \_\_\_\_\_ has permission to participate in the INSIDE / OUT program at Shades Crest Baptist Church on the following dates: February 6, 13, 20 and March 6, 13, and 20.

I understand my child will ride the Shades Crest van from Bluff Park Elementary or Gwin Elementary to the Family Life Center at Shades Crest. (Parents may also bring their children to the church at 3:00) Following a time of snacks and recreation, children will move across the street to the main church building for a time of learning, Bible study, and Christian spiritual formation opportunities. I understand I will need to pick up my child by 4:50 pm each week.

Parent Names: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Emergency Contact Name and Number (other than parents): \_\_\_\_\_

Adults who may pick up my child other than parents (include names and phone numbers)

1. \_\_\_\_\_

2. \_\_\_\_\_

My Child's Known Allergies \_\_\_\_\_

