

# McGuffey Community Bible Program

## Sign-Up & Parent Request for Release from School

The McGuffey Community Bible Program is fully staffed and coordinated by Christians from the McGuffey School District. The program **has been operating in the McGuffey area for over 40 years**. Since the consolidation of elementary schools in 2002, more than **3,000 children have participated** in this special ministry!

We are working extremely hard for the upcoming year, and **we are excited about what is ahead regardless of what is seen!** As always, there is **no cost** to participate in the program which includes puppet shows, a birthday bash for Jesus, crafts, an ice-cream party, prizes and gifts, including Bibles and more!

Lord willing, the weekly Bible Program will begin again in September 2024. The participants are escorted from the school to the Claysville Christian Church, just across the street, each week where they participate in a program like what many would compare to a Vacation Bible School program.

Should you have any questions, or if you would like to discuss the objectives or the program in further detail, please contact **Shelley Toland at 724.963.5659**. If you are interested in helping, please call or text the number above or email [shelleylauren28@gmail.com](mailto:shelleylauren28@gmail.com).

**Please complete the following and return it to the Claysville school office:**

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**McGuffey Community Bible - Sign-Up & Parent request for Release from School on the following days:**

Grade 2: Fall Session (1:00-1:40) -Oct 1, 8, 15, 22 -Nov 5, 12, 19 -Dec 3, 10

Grade 4: Fall Session (1:45-2:25) -Oct 1, 8, 15, 22- Nov 5, 12, 19 -Dec 3, 10

Grade 3: Fall Session (1:00-1:40) -Oct 3, 10, 17, 24 -Nov 7, 14, 21 -Dec 5, 12

Grade 5: Fall Session (1:45-2:25) -Oct 3, 10, 17, 24 -Nov 7, 14, 21 -Dec 5, 12

Grade 2: Spring Session (1:00-1:40) - Jan 7,14, 21, 28 -Feb 4, 11, 18, 25 -Mar 4, 11, 18, 25 -Apr 1

Grade 4: Spring Session (1:45-2:25) -Jan 7, 14, 21, 28 -Feb 4, 11, 18, 25 -Mar 4, 11, 18, 25 -Apr 1

Grade 3: Spring Session (1:00-1:40) -Jan 9,16, 23, 30 -Feb 6, 13, 20, 27 -Mar 6, 13, 20, 27 -Apr 3

Grade 5: Spring Session (1:45-2:25) -Jan 9,16, 23, 30 -Feb 6, 13, 20, 27 -Mar 6, 13, 20, 27- Apr 3

Child's First and Last Name (Please print) \_\_\_\_\_

Child's School Teacher \_\_\_\_\_ Child's Grade \_\_\_\_\_

T-shirt Size (Circle one):      Child Small                      Child Medium                      Child Large

Adult Small                      Adult Medium                      Adult Large

Parent Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email (Please Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

List any special needs that we should be aware of \_\_\_\_\_

Would you like to be contacted to help (Circle one)?      YES                      NO