

AFTER-CHURCH FELLOWSHIP: Join us in the gym for fellowship and snacks! If you would like to bring Sunday refreshments, there is a sign-up sheet on the courtyard credenza. Many thanks to all who contribute to our coffee hour.

YOUTH GROUP meets Wednesdays at 7:30 pm.

KIDS CENTRAL will *not* meet this Thursday, May 2nd and will resume the following Thursday, May 9th, at 4:30 pm. This will be the last meeting of the semester.

VBS VOLUNTEER TRAINING will be held on Thursday, May 16th, at 7:00 pm in the white room. Please note that the second training session will be on June 13th, also at 7:00 pm.

VBS ~ SAVE THE DATE: This year's Vacation Bible School, "Breaker Rock Beach," will be Monday 7/8 through Friday 7/12. Registration forms are in the courtyard and below.



We would love VBS volunteers for any or all these days. Questions? Call Jeanine Stuyvesant at 631-421-3663, ext. 104, or email jeaninecedirector@outlook.com

LIYFC DINNER: L.I. Youth for Christ is having its 65th Anniversary Fundraising Dinner on Friday, May 3rd, at 7:00 at the Melville Marriott. If you would like to reserve tickets, please contact LIYFC at 631-385-8333 or liyfc.org/dinner

MEMORIAL SERVICE for former Central member Lynda Fulton, sister of Central member Cindy Lombardo, will be held in the sanctuary on Saturday, May 18th, at 11:00 a.m.

DEACONS FUND: Please prayerfully consider donating to this ministry. When giving, write "Deacons" on the check memo line. Your contributions have helped the deacons provide support to many in our community. Contribution envelopes are in the pews.

SUNDAY SCHOOL has grown. Thanks to all who have volunteered to teach and assist – and we would love more helpers for each age group, from pre-K to youth. For more information, call the office at 631-421-3663 or email centch@optonline.net

PHOTOS REQUESTED: A photo board will soon be created so that our more recent attendees can connect names and faces. Please drop off at the office – in person or emailed to centch@optonline.net – snapshots of yourself and/or your family. There are also volunteers who would be happy to take your picture. Just let the office know at 631-421-3663 or via email.

DEACON-ON-CALL: If you have a spiritual, physical, or financial need, or know of someone who does, please contact Karen Swanson, our Deacon-on-Call for the weeks of April 28th and May 5th, at 631-385-4516.

ELDER-ON-CALL for May is Gladys Paulsen, 631-351-6169.

TRUSTEE-ON-CALL for May is Min Yao. For facility questions, please call Min at 913-406-9558.

HELPING HAND RESCUE MISSION: Nonperishable canned, boxed, or bagged food – no clothing, please – may be placed on the wooden chest in the hallway. Thank you.

CENTRAL FAMILY PRAYER CONCERNS

“...For we do not know how to pray as we should, but the Spirit Himself intercedes for us with groanings too deep for words.”

Romans 8:26

Pray for Our Church

- For our church family as we worship on Sunday mornings and follow God each day
- For our church ministries, programs, and events
- For our Pastor, staff, and church leaders (Session, Deacons, and Trustees) who are doing their best to keep the church running and helping our church family with needs
- For our church as we appeal the recent court decision with the PC(USA)

Pray for Our Nation and Our World

- For Israel – for a lasting peace
- For Haiti – for the nation’s release and healing from gang violence, political turmoil, and food and fuel price hikes, all of which have been ravaging this country
- For Ukraine – for the safety of its people and for the wisdom of its leaders
- For our military men and women stationed at home and abroad: John & Bethany B., Kaitlin D., Anasia H., and Frank S.
- For our government officials on all levels, as they are working hard for our country to get through economic troubles, violence, and natural disaster recovery
- For our country and for all nations around the world recovering from natural catastrophes as well as civil unrest

Ongoing Prayer for Individuals

- **Who have various health concerns, including Central members and friends:** Annabelle A., Doris A., Cleavon B., Evelyn B., Lisa B., Margaret B., Phil B., Lois C., Bob E., Vicki E., Diane G., Shannon G., Doral H., Tina H., Kay J., Darin J., Don M., Pete M., Gladys P., Paige P., Claude S., Jeanine S., Linda T., Evelyn T., Aileen, and the many friends and family members of our church family.
- **Who are homebound or are in nursing homes, assisted living, and rehab facilities, including Central members:** Frani H.
- **Who are mourning the loss of loved ones**
- **Who are moving to or seeking new homes**
- **Who are experiencing employment issues,** including those who had their work hours cut, were laid off, or are struggling in the workplace.



BREAKER ROCK BEACH Vacation Bible School

For ages 3 years to those completing 7th grade
July 8 – July 12, 2024, from 9:00 AM to 12:00 PM

REGISTRATION FORM

Hosted by Central Church, 240 Main St., Huntington
(631) 421-3663 / centch@optonline.net
www.centralpresbyterianchurch.net

Parents / Guardians: Please PRINT clearly below

Name: _____ Age: _____ D.O.B. _____ Grade Completed: _____
Address: _____ City/State: _____ Zip: _____
Phone: _____ Emergency Contact / Phone: _____
Email Address: _____ School Child Attends: _____
Pre-Registration Cost: \$5 per child / \$15 maximum per family Prepaid I will pay on the first day.
Day of Registration Cost: \$10 per child / \$30 maximum per family

PARENT / GUARDIAN PERMISSION & RELEASE OF MEDICAL RECORDS

In signing this application, I hereby certify that this information is correct and my (circle one) son / daughter / other (please state nature of relationship if other: _____) has my permission to attend Vacation Bible School at Central Church (240 Main St., Huntington, NY 11743) from **July 8 – July 12, 2024**, and for the release of medical records in case of illness. In the case of medical emergency, I understand that every effort will be made to contact me (the parent / guardian / other) of the above-named child. In the event I cannot be reached, I hereby give permission to the physician selected by the advisors to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the participant named herein.

Family Physician or Clinic: _____ Phone Number: _____
Health insurance info: _____

Is participant in general good health and able to participate in all normal activities? yes no
If no, please submit a statement on the reverse side indicating limitation.

Allergies (specify nature of allergic reaction):

Animals Food
 Hay Fever Insect Stings
 Plants / Pollen
 Medicines / Drugs
 Other: _____

Other Health Conditions:

Convulsions Fainting
 Emotional Disturbances Hearing Impairment
 Hyperactivity Nosebleeds
 Special Diet Eyeglasses / Contacts
 Other: _____

Is there other information that we need to know about your child? _____
(Please print) Parent / Guardian: _____ Parent / Guardian Signature: _____ Date: _____

PERMISSION TO USE PICTURES

I am the parent or legal guardian of the child named below (the "Child"). I understand that my Child may appear alone or together with others in pictures taken in connection with activities conducted or sponsored by Central Church Huntington (the "Church"). I hereby freely, voluntarily, and without right to or expectation of any compensation, grant the Church full permission, without reservation, to use such pictures, whether in original or edited form, in Church publications of any medium or format including but not limited to still photographs, motion pictures, videos, digital images, brochures, reports, posters, the Church's websites, etc. I also agree to waive, and do hereby waive, any claims against the Church its employees, officers, agents, and members based upon or related to its permitted use of such pictures.

(Please print) Parent / Guardian: _____ Parent / Guardian Signature: _____ Date: _____

Return this form to the Central Church office by mail or in person. The office is open Tues - Fri, 8 a.m. to 1 p.m.
(Office use only) Date Registration Received: _____ Payment Received: cash check # _____