



# Meet new friends while learning about God's Love!

**For all elementary students, regardless of religious background. Parents are also welcome to attend with their child anytime.**

## **EACH WEEKLY MEETING WILL PRESENT:**

- True stories of Bible characters and missionaries
- Learning through songs, games, and activities
- Scripture Memory applying God's truth to their lives

**WHO:**

**WHEN:**

**WHERE:**

**CONTACT:**

**SPONSORED BY:**

### **GOOD NEWS CLUBS:**

- Show God's love
- Strengthen good character
- Observe the "Golden Rule"
- Improve academics
- Enhance moral values
- Combat bullying
- Present respect for authority in the home, school and community

## **SIGN UP TODAY!**

- **Register online:**
- **Complete and return the registration form on the next page**

This organization is represented by teachers and workers from churches who love children. All workers are background screened.

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# Registration Form

## Complete your registration by:

- Registering online:
- Printing and completing this registration form, then
  1. take a picture or scan it, and send as an attachment to:
  2. place it in an envelope addressed to "GNC Leader". Put it in your child's backpack with instructions to give it to a club worker. Also, please write a note to the teacher for your child to attend the club.

I give my permission for \_\_\_\_\_ :

Child's Name

- To attend the Good News Club after school during the 2022-23 school months.
- To be photographed for use in club and ministry promotions.
- Contact me about helping with the Good News Club.

I understand it is my responsibility pick up/drop off my child at \_\_\_\_\_ am/pm and that there will be no club on half-days nor on school holidays.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**PARENT / GUARDIAN: YOUR CHILD MUST BE PICKED UP IMMEDIATELY AFTER THE CLUB ENDS. OUR POLICIES DO NOT ALLOW GOOD NEWS CLUB TEACHERS OR HELPERS TO REMAIN AT SCHOOL AFTER CLUB. THANK YOU.**

## Select how your child will get home on club day.

- My child will be picked up by an authorized adult.
- My child will transition to the school's extended day/after-school program.

## CHILD'S INFORMATION

Child's Name \_\_\_\_\_ Choose one:  M  F Birthdate \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom teacher \_\_\_\_\_

Child's allergies (peanuts, chocolate, etc.) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent in the military? Choose one:  Y  N

Dad's work/cell phone \_\_\_\_\_ Mom's work/cell phone \_\_\_\_\_

Dad's E-mail \_\_\_\_\_ Mom's E-mail \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Church (if attending) \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone \_\_\_\_\_

These people (include phone numbers) are allowed to pick up my child if I'm not able to:

1) \_\_\_\_\_ Phone \_\_\_\_\_

2) \_\_\_\_\_ Phone \_\_\_\_\_

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