



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.

These materials are neither sponsored or endorsed by



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 2024-25 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 _____

These materials are neither sponsored or endorsed by