

# AFTER SCHOOL - GOOD NEWS CLUB

MEETS: WEDNESDAYS 2:30 P.M. to 4:00 P.M.

AFTER SCHOOL at Missionary Bible Baptist Church

920 Beck Mill Rd., Hanover, PA. 17331

Class in process (children may join any week) This club will run from Nov. 3, 2021 - Apr.13, 2022

SPONSORED BY: Child Evangelism Fellowship of York County

Contact Lisa Garlick, Director

Completed Registration Form and School Office Copy should be turned into School Office.

**“The school district neither encourages nor discourages a student’s participation in the activity described herein.”**

**SING SONGS, PLAY GAMES, BIBLE LESSON**

**CLASSES WILL BE HELD WEEKLY AT Missionary Bible Baptist Church**

**THE CHURCH WILL PROVIDE TRANSPORTATION FROM THE SCHOOL TO THE CHURCH. PARENTS ARE RESPONSIBLE FOR TRANSPORTATION HOME**

**CHILDREN MUST BE PICKED UP BY 4:05 P.M.**

## REGISTRATION FORM

Child’s Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Parent’s Name \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Grade in School \_\_\_\_\_

Teacher \_\_\_\_\_ Any Food Allergies? \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Group Number \_\_\_\_\_

Special Health or Allergic Conditions \_\_\_\_\_

Any Current Medications \_\_\_\_\_

Parent’s Cell Phone or Work Phone # (In Case of Illness or Emergency)

I give my permission to let Missionary Bible Baptist transport my child or children from Park Hills Elementary to Missionary Bible Baptist Bible Church for the After School/Good News Club.

Parent or Guardian’s signature \_\_\_\_\_

Please Check  I will pick up my child after club at Missionary Bible Baptist Church.  
Name of person (other than parent) allowed to pick up child

\_\_\_\_\_

**\*\* SCHOOL OFFICE COPY\*\***

I give my child \_\_\_\_\_ permission to stay after school on Wednesdays and attend Good News Clubs at Missionary Bible Baptist. I will be responsible for transportation home.

**I understand that there is NO club on days there is no school or on days that let out early.**

Parent or Guardian’s signature \_\_\_\_\_

**Please return completed Registration form and School Office Copy to School Office.**

-Over-

-----Detach here -----

**Parental Permission and Release**

Please read the following statement, fill in the required information, and sign below:

I, give (name of parent/guardian) \_\_\_\_\_, give permission for (name of child) \_\_\_\_\_ to take part in the After School Good News Club Program. In case of a medical emergency I give permission to the physician selected by the CEF of York County to secure proper treatment. In extreme emergency circumstances they may hospitalize, order medication and, if necessary, surgery. I agree that my child is in good physical condition and able to participate in the After School/Good News Club program they are registering for. I agree to hold Missionary Bible Baptist Church, CEF of York County, Inc. harmless, and to secure them against all losses and expenses due to injury or alleged injury to my child in relation to their participation in this program. I also assume the responsibility of any damages to the facility and/or equipment being used caused by him or her. I grant permission for any photos taken of my child to be used for future publications.

**We have read the permission/release clause and agree to abide by it.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

