

# AFTER SCHOOL - GOOD NEWS CLUB

MEETS: THURSDAYS 3:30 P.M. to 4:50 P.M.

AFTER SCHOOL at Pleasant View Church

10384 Winterstown Road

Class in process (children may join any week) This club will run from Oct. 16, 2025 - Apr. 23, 2026

SPONSORED BY: Child Evangelism Fellowship of York County

Contact Lisa Garlick, Director

**Completed Registration Form must be mailed to Child Evangelism Fellowship of York County, Inc.**

**P.O. Box 3037 York, PA. 17402. or emailed to lisagarlick@cefepa.net**

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

**CLASSES WILL BE HELD WEEKLY AT Pleasant View Church**

**CEF WILL PROVIDE TRANSPORTATION FROM THE SCHOOL TO THE CHURCH. PARENTS ARE**

**RESPONSIBLE FOR TRANSPORTATION HOME**

**CHILDREN MUST BE PICKED UP BY 4:55 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 CEF transport my child or children from North Hopewell - Winterstown Elementary to Pleasant View Church for the After School/Good News Club.

Parent or Guardian's signature \_\_\_\_\_

Please Check

☐

I will pick up my child after club at Pleasant View Church. Name of person (other than parent) allowed to pick up child \_\_\_\_\_

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

-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  
Mt. Zion Baptist Church, Pleasant View Church and 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**\_\_\_\_\_

