



Good News Club® is a **FREE**, exciting, fun-filled, weekly after-school club that meets across America. Good News Clubs emphasize respect for authority, moral values, and character development based on Biblical principles.

Your child will enjoy...

**BIBLE LESSONS-SONGS-SCRIPTURE
MEMORY NEW FRIENDS-GAMES-SNACKS**

Who teaches the club?

Good News Clubs are supervised by specially **trained** Christians, concerned for the spiritual well-being of your child. All club workers are screened by the Child Protection Policy, to ensure a **safe environment** for your child.

Who can attend?

Students in grades **K-5** are invited to attend with parent permission, regardless of religious background. Parents are welcome and encouraged to attend. **THURSDAY after school until 5:30 pm.**

Dates: February 19, March 5, 12, 19, 26.

NO CLUB February 26!

Place: Cafeteria/Gym

Contact: Bonnie Smithers Phone: (903) 421-3454

If your child will be absent from Club, please notify the school front office!

Sponsored by: CEF of SOMD AND Harvest Fellowship Church, Lusby, MD.

NOTE: This event/activity/business is not sponsored by the Calvert County Board of Education, Calvert County Public Schools, or any individual school. We provide equal opportunities to outside agencies to distribute materials that offer opportunities to students and/or their parents/guardians, but that permission should not be considered a recommendation or endorsement by the school district



Good News Club®

Registration Form

_____ (Child's Name) has my permission to attend the Good News Club at DOWELL Elementary from school dismissal until 5:30 pm **BEGINNING February 19th.**

I understand that my child must be picked up by 5:30 either by myself or by one of the persons I have named below and that they will be asked to show a Photo ID.

HOMEROOM/TEACHER: _____

PHOTOS: You (*circle one*) **MAY or MAY NOT** take pictures of my child for GNC promos.

Parent/Guardian Signature _____ Print Name _____

Parent or guardian in the military? **YES / NO** (*circle one*) _____

Date _____ Child's birthday _____ Age _____ Grade **M / F**

Address _____

Street _____ City/State _____ Zip _____

Parent/Guardian _____

Primary Phone _____ Email _____

Parent/Guardian _____

Primary Phone _____ Email _____

Church (*optional*) _____

Information that may help us ensure the best positive Club experience for your child:

Food allergies or medical conditions we should know about:

PERMISSION FOR PICK-UP (Others authorized to pick up my child):

Name _____ Phone _____

Name _____ Phone _____