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#### Your Child will learn:

- Respect for authority
- Positive character qualities
- Sound moral values
- Biblical principles

To help us follow the CDC CoVid guidelines, please bring your own mask, towel (for sitting) and a water bottle.

#### A *Good News Club* meets once a week and includes:

- Dynamic Bible Lessons
- **Inspiring Missions Stories**
- Meaningful, upbeat songs
- Life-changing Scripture Memory

Contact: Jen Youngerman

**Phone:** 240-298-8535

GNC is open to all boys and girls between the ages of five and twelve, regardless of their religious background. Parents are welcome to attend with their child.

### **Wednesdays from 3:30pm-5pm** dates: Oct. 7-Nov. 11, 2020 Place: Calvary Bible Church 8300 Nursery Rd, Lusby

Good News Clubs are taught by carefully screened Christians who are concerned for the spiritual well-being of your child. All of our teachers have also received specialized training from CEF, so they are well equipped to effectively convey God's Word to your children.



Child Evangelism Fellowship® of Maryland Southern Maryland GNC Coordinator: Christine Reiser phone: 240-237-7479 e-mail: cefofsomd@gmail.com

The United States Constitution requires schools to respect the right of all external organizations to distribute flyers to students at school if the school permits any such organization to distribute flyers. The school encourages parents to assist their children in making choices appropriate for them. This is not an activity of the school or the School District.









## Calvary Bible GNC Registration Form

(Child's Name) has my permission to attend the Good News Club at Calvary Bible Church every Wednesday, 3:30pm to 5pm from October 7<sup>th</sup>-November 11th.

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

I will make sure my child gets picked up promptly at 5pm from Good News Club

| each week, either by picking them | up myself or ensuring that the proved persons listed below. |                   |
|-----------------------------------|---|-------------------|
| parent signature                  | print name  |                   |
|                                   |   |                   |
| Age: B-D                          | ay  |                   |
| Address:                          |   |                   |
| (street)                          | (city)  | (zip)             |
| Home phone:                       | _ e-mail:   |                   |
| Mom:                              | Dad:  |                   |
| phone:                            | phone:  |                   |
| Emergency contact name:           | phone:  |                   |
| Emergency contact name:           | phon  | ne:               |
| Child's Allergies (peanuts, choc  | olate, etc)   |                   |
| Church:                           | Pastor:   |                   |
| The following persons ar          | re allowed to pick up my ch                                 | aild if I cannot: |
| Name:                             | Name:   |                   |
| phone:                            | phone:  |                   |