

# Hey Kids! Come Join us at **GOOD NEWS CLUB!**

Games

Make New Friends

Invite FRIENDS

Laughter

Good News Club is an exciting, fun-filled time once a week that includes: a dynamic Bible lesson, creative learning activities, an inspiring missionary story, meaningful songs, and scripture memory.

Your child will learn to show respect for authority, moral values, character qualities and Biblical principles.

Specially trained Christians concerned for the spiritual well-being of your child teach the club. All club workers are screened as required by CEF'S child protection policy to ensure your child's safety.

All boys and girls in Second Grade to Fifth grades, regardless of their religious background, may attend. Parents are welcome to attend with their children.

Place: **Parkview Elementary** Time: **3:20 - 4:45 pm** Dates: **Thursdays, Apr 3 - May 8, 2025**

Sponsored by: CEF of Iowa Hawkeye Chapter [www.cefhawkeyechapter.com](http://www.cefhawkeyechapter.com)

Club Coordinator: **Mrs. Sara Brownell** Email: [johnsara4@msn.com](mailto:johnsara4@msn.com)

Phone: **(319) 360-3491**

Songs

## Registration Form

Please make sure your child returns this form to the school office or bring it on the first day of club. Thank you.

\_\_\_\_\_ (Child's name) is allowed to attend the Good News Club from:  
**Apr 3 - May 8, 2025** I understand it is my responsibility to pick up my child at **4:45 pm** and that the Good News teachers and helpers are not to remain at the school after the club has ended.

Or sign up online:



Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Check below** to indicate how your child will get home.

- Will be picked up at the parking lot side of the building.
- Will walk home.
- Goes to the school's extended day/after school program
- Check if you would like to see your child's picture used in local CEF publications like this.
- Check if you would like to know other CEF family events ... like Kids Blast!

Child's School \_\_\_\_\_ Home room teacher \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Appt. # \_\_\_\_\_


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

Child's allergies (peanuts, chocolate, etc.) \_\_\_\_\_

Church (if applicable) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone NO \_\_\_\_\_ Email \_\_\_\_\_

**Please list, on the back of this form, all individuals that may pick up your children.**

Please cut here  ----- and return the bottom portion of this form.

**Please list all individuals that may pick up your children, include phone NO.**

Name

Phone

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____