

GOOD NEWS CLUB REGISTRATION/PERMISSION SLIP

*** PARENTS: This form only needs to be filled out one time per child per school year.***

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Address _____ City _____ State _____ Zip _____

Please note if your child has any Food or Food Dye Allergies: _____

Parent/Guardian's Name _____ Home Phone _____

Cell Phone _____

Additional Emergency Contact _____ Phone _____

E-mail address for Good News Club e-mails only _____

After the club, my child/children will (please check one):

_____be picked up by car _____bike or walk home with my permission _____return to child care

Yes, my child's picture may be used in all CEF Publications

No, my child's picture may not be used

My child(ren) listed above have my permission to attend The Good News Club:

Parent Signature: _____ Date: _____



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