

# YOU ARE INVITED TO BIBLE CLUB!

2023-2024 AFTER SCHOOL PROGRAM  
BIBLE CLUB IS FOR GRADES K-5TH

GLENWOOD ELEMENTARY  
ROOM: TBA  
TIME: TUESDAY 4-5PM  
START DATE: OCTOBER 3

CLUB LEADER CONTACT INFO:  
MEGAN VAN GOOR  
MVANGOOR@PROVIDENCE-CRC.ORG

**WE SING** **SNACKS** **HAVE FUN!**  
**LEARN ABOUT TRUTH & LOVE** **MAKE NEW FRIENDS** **LISTEN TO BIBLE STORIES**  
*Pray Together* **PUPPETS** *earn prizes*

## For You Childs Protection:

Only the people listed on the permission slip may pick up your child from bible club. Each child **MUST** be signed out. Please make plans to pick up your child promptly at **5 PM**

If you have questions or need to make other arrangements please contact the Kid's Life Bible Club Leader. Call at least 1 day in advance.

**NO Transportation will be provided or organized by KLBC**  
**Please keep this sheet.**

KLBC Contact: Carol Holkeboer  
program.coordinator@kidslifebibleclubs.org  
616-455-2490  
www.kidslifebibleclubs.org

Kids' Life Bible Clubs is an independent, Christian, Non-Profit organization that is not directly affiliated with any other public or private agency. Space utilized for our clubs is rented at the set rate.

Cut off this page and return to the school office

\*Bible Club will be following ALL school safety guidelines\*  
Please PRINT all information & be sure to SIGN your name.

CHILD'S NAME \_\_\_\_\_

M \_\_\_\_ F \_\_\_\_ BIRTHDAY \_\_\_\_\_ GRADE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

M \_\_\_\_ F \_\_\_\_ BIRTHDAY \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

FOOD/OTHER ALLERGIES \_\_\_\_\_

Please attach a sheet to give us any information about your child we may need to make bible learning enjoyable for him or her.

Do we have permission to take & publish photos/videos of your child in Kids' Life Bible Clubs Promotional material? ☐ YES ☐ NO

MY CHILD IS: ALLOWED TO WALK HOME YES NO

ALLOWED TO WALK TO THE PARKING LOT YES NO

ALLOWED TO GO TO ANOTHER AFTER SCHOOL PROGRAM YES NO

WHO HAS PERMISSION TO PICK UP YOUR CHILD (PLEASE PRINT THE FULL NAME)

1. \_\_\_\_\_

2. \_\_\_\_\_

I acknowledge and accept that transportation is not provided, and all the risk associated with my child's participation in this after school program. Risk may include but are not limited to, exposure to infectious or communicable diseases, bodily injury, or property damage.

PARENT'S NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_