

After School



Parents,

We are pleased to offer an After-School Bible Club Class for the children that attend the Bradford Central School. The Bible Club is sponsored by Corning Area Bible Club, (a ministry of Bible Centered Ministries Intl.), the BCMI organization is non-denominational. In our classes, we have visual Bible stories, songs, and verses to help in developing good character and citizenship and specially to learn of God and His Word.

Students in grades **1 - 5** are invited to attend. The Bible Club will meet each **Wednesday** when there is school. **This After School Club will begin on December 1, 2021, and run through early May.** The Bible Club will be held in the school and will run from 3:15 – 4:00 PM. Students in the after-school BRAVES & ESD program are welcome to attend but will need parental permission. We are thankful we can hold the club in the school, and we appreciate the working relationship we have with the school district, but please note, **the school district is neither a sponsor nor a participant of the program.**

If you would like your child to attend and receive this exciting additional teaching in God's Word, please fill out the registration form below and have your child return it to the school and give it to the office or teacher Mrs. Heather Monell on or before December 1. If you have any questions, please feel free to contact the Bible Club teachers Dave & Sandy Mogren at 329-2817. (call or text) Thank you!

website – corningareabibleclub.org

*******PLEASE NOTE***** To uphold the COVID 19 distancing guidelines – we are only able to accept the first 20 students that register.
Please complete this Bible Club Registration Form**

Name of School _____ Grade _____

Pupil's name _____ Age _____

Address _____ City _____

State _____ Zip _____ Telephone _____

We will provide a snack, please note below if your child has any food allergies.

Allergies - _____

Please indicate who will be picking up your child at the end of class and what their relationship is to the child or check the box if they are returning to the BRAVES & ESD program. Late Bus is available – please indicate if this is your choice.

My Child will return to the BRAVES/ESD program Late Bus

Pick-up person - _____ Relationship _____

phone # _____

Parent's/Guardian's signature _____