

# FALL RIVER KIDS CLUB

A program offered by Fall River Chapel

**FIRST NIGHT  
&  
REGISTRATION  
OCTOBER 1 ST!!**

## What is Fall River Kids Club?

Kids Club has been a part of Fall River for more than 20 years! It is one night of the week where children can have a fun night out and make friends. They will learn about how unique and valuable they are and the impact they are meant to have in the world. On an average night they will play games, take part in a bible lesson, and spend time with other children their age, all with leaders who care about them and want to encourage them.

**Who can join Kids Club:** Grades 2 to 6 (Grade Ones will be considered on an individual basis)

**When:** Tuesday Nights from 6:00-7:30pm beginning OCTOBER 1st, 2019!

### Registration:

1. You can register on the first night of kids club, Tuesday, October 1st, 2019
2. You can bring your completed form on the first night of Kids Club
3. You can drop the form off at the Church Office located in The Open Gate (5 Miller Lane)
4. You can print the form or register online at [www.fallriverkidsclub.com](http://www.fallriverkidsclub.com) (a parent or guardian will be required on the first night of Kids Club)

**Where:** George P. Vanier Junior High School (1410 Fall River Road, Fall River)

**Cost:** \$30.00 per child (cash or cheque made out to Fall River Chapel)

**For More Information  
please contact:**

Judy Barkhouse or Jeremy  
Marsh at The Open Gate

1-902-860-2662

[fre@fallriverchapel.com](mailto:fre@fallriverchapel.com)

Fall River Chapel  
The Open Gate  
5 Miller Lane, Fall River, NS  
b2T 0C5

**Kids Club starts Tuesday, October 1st at 6:00pm!!**

**[www.fallriverkidsclub.com](http://www.fallriverkidsclub.com)**

## Fall River Kids Club 2019-2020 Registration Form:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: (dd/mm/yyyy) \_\_\_\_\_

Parent/Guardian's name(s) \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is there any information (medical, social, or emotional) regarding your child that would help us as we get to know them and spend time with them at kids club? (I.e. allergies, learning disability, chronic illness, significant life experiences, etc.)

I consent to my son's/ daughter's participation in Fall River Kids' Club and...

☐ I do consent to the use of my child's likeness being used in Kid's Club promotional materials

☐ I do not consent to the use of my child's likeness being used in Kid's Club promotional materials

Signature: \_\_\_\_\_

Date: (dd/mm/yyyy) \_\_\_\_\_