

# KIDS FOR CHRIST

FREEBURG

FALL 2024

## WHO

Freeburg Students  
Grades K through 8th  
(Boys & Girls)

## WHAT

KCBS is a  
non-denominational  
(Bible based) after school  
program similar to  
a Vacation Bible School  
(VBS) program.

## WHEN

**TUESDAYS**  
3:10 to 5:00 pm  
September 24th -  
October 22nd

Please plan to join us for our closing  
program on Tuesday, October 22nd at  
4:45 pm.

## WHY

We teach the truth & hope  
found in the Bible. This basic  
foundation of faith will help  
children their entire lives.

Our main message is:  
**The Love of God.**

## QUESTIONS?

VISIT US ON THE WEB

[WWW.KIDSFORCHRISTKCBS.COM](http://WWW.KIDSFORCHRISTKCBS.COM)

OR CONTACT:

**K-2 COORDINATOR: STEPHANIE KETCHUM**  
618-304-4718 sjketchum5@gmail.com

**3-8 COORDINATOR: ANDREA FISCHER**  
(618) 540-8726 andreaskids4christ@gmail.com

## HOW

Complete 1 Registration Form  
for Each Child Attending

Online registration now available  
at [www.KidsForChristKCBS.com](http://www.KidsForChristKCBS.com)

Donations to offset the costs for snacks & supplies are always appreciated!  
Checks may be made payable to Kids Community Bible Study.



### Parent Permission / Registration Form (one form per child)

My child has my permission to attend the after-school Kids for Christ Bible Study. I understand I must confirm all Bible Study plans with his/her school teacher in advance. I assume all risks and hazards incidental to Bible Study participation.

Please Contact Me - I WOULD LIKE TO VOLUNTEER OR DONATE SNACKS!

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**KCBS**  
Kids Community  
Bible Study  
Fall 2024

|  |                         |            |  |
|--|-------------------------|------------|--|
| Child's First & Last Name  | Parent/Guardian Name(s) |            |  |
|  | Street Address          |            |  |
| Grade & Teacher  | City/Zip                |            |  |
| Does your child have a Bible? <input type="checkbox"/> Yes <input type="checkbox"/> No                         | Home Phone              | Cell Phone | Work Phone                               |
| Allergies/Special Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please explain: | Email Address           |            | Emergency Contact Name (3:00pm - 5:00pm) |
|  |                         |            |  |
| Parent/Guardian Signature  |                         | Date       |  |

Please check if you **do not** want a photo of your child to be used in newspaper articles, newsletters, on the Kids for Christ website, or on our Facebook page.

This Program is entirely voluntary and not affiliated with School District #70.