

What is PPT KIDS CLUB ALL ABOUT?

PPT KIDS CLUB is open to
children JK to 5th Grade and
meets Wednesday Evenings
September through April
from 6:30-8:00pm.

Kids will focus on Scripture
Memorization, Bible Teaching,
age appropriate games and a
variety of Fun Activities
and Crafts.

This focus centralizes
on Biblical community and
growing together as the
Body of Christ.



"LET THE LITTLE CHILDREN COME TO ME,
AND DO NOT HINDER THEM,
FOR THE KINGDOM OF GOD
BELONGS TO SUCH AS THESE."
LUKE 18:16



Location:

Pembroke Pentecostal
Tabernacle
PPT KIDS CLUB
34 Jordan Avenue
Pembroke Ontario
K8A6W5
(Corner of Hwy 17@41)

Mailing Address:

Pembroke Pentecostal
Tabernacle
PPT KIDS CLUB
PO Box 245
Pembroke Ontario
K8A6X3



Phone: 613-732-9721
dliedtke@pptchurch.com
www.pptchurch.com under 'Ministries'
Director: Danette Liedtke

BECAUSE KIDS MATTER TO GOD

CRAFTS, GAMES,
BIBLE LEARNING,
SNACKS,
FRIENDSHIPS
AND MORE...

**\$20
ENTIRE
YEAR**



Registration night
Wednesday,
September 15, 2021 from
6:30—8:00 pm at PPT.
OR-Drop off your form directly
to the church or by mail at
any time
(See back for address)

PPT KIDS Club
Season will run from
September —April
CLUB Registration Fee
\$20.00 per child

Office Use Only
Registration Fee: _____

Received _____ cash / cheque

Registration (One Child Per Form—Please Print)

Name of Child: _____
Address: _____
City: _____
Postal Code: _____
Telephone: (____) _____
Birth Date: (DD-MM-YY) ____-____-____
Age: ____
School: _____ Grade: ____
Attended PPT Clubs Before?
No ___ Yes ___
Parent's Name: _____
Child Lives With: _____
Mother's Phone # _____
Father's Phone # _____
E-Mail Address: _____
Emergency Contact Name : _____
Emergency Phone: _____
Relationship to child: _____
Additional Emergency contact Name and
Number _____
Does your child have any special needs or
allergies we should be aware of?

Parental Consent & Medical Release

I _____ give consent
for my child _____
to attend PPT KIDS CLUB at Pembroke
Pentecostal Tabernacle, Pembroke, Ontario,
and any special PPT KIDS Club events which
may take place off the church property.
Health Card # _____
Special Medical Concerns or Medications:

I (We) understand, in the event medical
treatment is required, every effort
will be made to contact me. However,
if I cannot be reached, I give
permission to a licensed medical practitioner
to provide the necessary care, including
anesthesia, for my child's well being.

Signature: _____
Printed Name: _____
Date: _____

Do you give permission for your child to be
photographed? No ___ Yes ___ INiT. _____
(Photos are used for 'in house' activities or
promo only, year end presentation, etc.)