

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



**REGISTER TODAY FOR
2023-24 SEASON
online:
WWW.PPTCHURCH.COM**

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 (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, ON,
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.)

Registration night

Wednesday, September 13, 2021

6:30—8:00 pm at PPT.

OR-Drop off your form directly
to the church or by mail

(See back for address)

or ONLINE www.pptchurch.com

PPT KIDS Club Season will run from

September 20/22 —April 24/23

CLUB Registration Fee \$20.00 per child

(checks to Pembroke Pentecostal
Tabernacle or

E-transfer: finance_ppt@hotmail.com

'kids club' in message line please)

Office Use Only

Registration Fee: _____

Received _____ cash / cheque / etransfer

finance_ppt@hotmail.com