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



Mailing Address

Pembroke Pentecostal Pembroke Pentecostal
Tabernacle Tabernacle
PPT KIDS CLUB PPT KIDS CLUB
34 Jordan Avenue PO Box 245
Pembroke Ontario Pembroke Ontario
K8A6W5 K8A6X3





Location:

(Corner of Hwy 17@41)

FIND US: 'PPT KIDS CLUB'



REGISTER TODAY FOR
2024-25 SEASON
online:
WWW.PPTCHURCH.COM

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

Director: Danette Liedtke



SEPT-APRIL

BECAUSE KIDS MATTER TO GOD

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





REGISTER TODAY:

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 18/24 —April 30/25

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

Registration (One Child Per Form—Please Print)

Name of	Child:
	cillia.
	ode:
	ne: ()
	te: (DD-MM-YY)
Age:	
_	Grade:
	d PPT Clubs Before?
	s
	Name:
	es With:
Mother's	Phone #
	Phone #
<mark>E-M</mark> ail Ad	ldress:
<mark>Emer</mark> gen	cy Contact Name :
Emergen	cy Phone:
	ship to child:
	al Emergency contact Name
	ber
Does you	ır child have any special need
or allergi	es we should be aware of?

Parental Consent
& Medical Release

	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, ev	very effort will be				
made to contact me. How	wever,if I cannot				
be reached, I give permi	ssion 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 l	house' activities				
or promo only, year end	presentation,				
etc)					