

Children's Ministries EXIT PASSPORT APPLICATION

Last Name _____ First Name _____

Address _____

City, State, Zip Code _____

Telephone Number _____ Birthdate _____

Parent's Signature _____

NOTE: A passport entitles the named applicant to be released from Sunday and Wednesday services. It may not be used to release younger siblings from their rooms.

Please bring this completed application with your child to the Resource Center to get their picture taken for their passport during the service hours 9:30 AM - 12:15 PM. Your child's personalized passport will be available at the Teachers Center the week after their photo was taken. (Our Resource center is located on the upper level to your left beyond the Early Childhood Welcome Desk.)

Office Use Only

Photo: _____ Notified: _____

Processed: _____ Rcvd: _____

Cut on this line; keep bottom portion.

Children's Ministries TEMPORARY EXIT PASSPORT

Last Name _____ First Name _____

Address _____

City, State, Zip Code _____

Telephone Number _____ Birthdate _____

Parent's Signature _____

NOTE: This passport entitles the named applicant to be released from Sunday and Wednesday services.

A passport may not be used to release younger siblings from their rooms.

Please keep this copy for your Temporary Exit Passport use.