Children's Ministries EXIT PASSPORT APPLICATION

Last Name	First Name
	Birthdate
Parent's Email:	Parent's Name:
Parent's Signature	
	named applicant to be released from Sunday and Wednesday release younger siblings from their WUgg rooms.
Please leave the upper portion of this	s passport application at the Welcome Desk next to the æ ੱælã { Á ﷺ Á^ç^ .
ÒĒmail Rǐ åˆĒÕ¦^^à@ncbc.church line: "c@đÁ,æ{ ^", this picture ¸ 和Á Ü^ ^æ^È	a "close-up" picture of your child with a solid background ັ • ą̃ * subject ấs^Á • ^ åÁ[Á❷] Áãs^} cã-̂ Á[ˇ ¦Á&@påÆ, ą̃ &^Áo@^ 'llÁœæç^Áæ) ÆÒ¢ãÁÚæ• •] [¦oÁ
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PhotoÁÜ^&^ãç^å:	
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	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 temporary passport entitles the above-named applicant to be released from Sunday and Wednesday services until the Exit Passport Code has been initialized.

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

Please keep this copy as your **Temporary** Exit Passport use **/**\(\hat{\}\) |^.