



WELCOME

We're glad you're here

PLBC CHILDREN'S CHURCH

Date:

Please read through this form and fill out accordingly.

NAME OF GUARDIAN:

PICKUP PERSON(S)

MOBILE:

NAME OF CHILD:

☐ We will send a text message to the number you provided, should we need to reach you during the service.

☐ No Allergies

☐ Please list below any allergies we should be aware of

CONTACT DETAILS

PARENT/GUARDIAN:

AGE/GRADE OF CHILD:



ADDRESS:

Signature of parent/guardian