

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 leave the upper portion of this passport application at the Welcome Desk next to the Fish Tank. Also email Loretta.Bushlack@ncbc.church a "close-up" picture of your child with a solid background with the subject line: "Exit Passport picture", this picture will be used for your child's Passport. Your child's personalized passport will be available at the Teachers Center the week after their photo was taken. (The Resource center is located on the main level to your left beyond the Early Childhood Welcome Desk.)

Office Use Only

Photo: _____

Processed: _____

Notified: _____

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 temporary passport entitles the above-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.