



# Peninsula Community Church

## Children's LightHOUSE Ministries

Honor God • Obey the Word • Unite in Fellowship  
Share the Gospel • Equip for Ministry



Breakout is designed to help kids grow up to be like Christ through nurturing, small groups relationships; understanding and applying memorized Bible verses; fun games; and uplifting worship. We will help your child become a servant of the Lord Jesus.

**Our Vision and Key Verse:** *To see children "please Him in every way: bearing fruit in every good work, growing in the knowledge of God."*  
*Colossians 1:10*

Please Print.

<u>Child's Name</u>	<u>Gender</u>	<u>Grade in Sept '10</u>	<u>Shirt size:</u> YXS YS YM YL AS AM
_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 4yr <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Shirt size _____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 4yr <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Shirt size _____
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_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 4yr <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Shirt size _____

Please Print.

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY ZIP CODE

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Church:  PCC  None  Other: \_\_\_\_\_

Parental Help (If you help as a leader please indicate shirt size.) Shirt size: AS AM AL AXL

- As a small group leader (leader of 5-8 children) PK K 1 2 3 4 5
- As a craft coordinator (organize craft materials for group leaders) PK K 1 2
- As a games leader PK-K 1-2 3-5
- As snack coordinator (organize weekly snack donations) PK-K 1-2 3-5
- As a coach (leader of 5-7 group leaders) PK-K 1-2 3-5

PLEASE INCLUDE A MEDICAL RELEASE FORM FOR EACH CHILD AND PAYMENT OF \$50.00 PER CHILD. MAKE CHECKS PAYABLE TO PCC. Registrations will not be accepted without full payment and all completed forms.

<p align="center"><b>Official Use Only</b></p> <p>Date Rec'd: _____</p> <p>Paid: _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Ck # _____</p> <p>Medical Form: <input type="checkbox"/></p>
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