

NEW MORNING LIGHT BAPTIST CHURCH

# Permission Form

Your child's will be attending services at: \_\_\_\_\_

<i>Date</i>		<i>Time</i>	
<i>Location</i>			
<i>Cost</i>			
<i>Transportation</i>			
<i>Notes</i>			

Please return this permission slip by: \_\_\_\_\_

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I give permission for my child \_\_\_\_\_  
to attend the services to \_\_\_\_\_ on \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_