

NPMB Kids Zone Registration

Teaching children to be rooted and built up in Jesus and established in the faith.

2023/2024

Service we are most likely to attend (9:00am or 11:00am): _____

Name of Parents/Guardians: _____

Mailing Address: _____ Ph #: _____

City: _____ Province: _____ Postal Code: _____

Child's Name: _____ **Birthdate:** _____ **Age:** _____ **Grade:** _____

Allergies/Medical Conditions: _____

Kids Zone: 2-3 yrs 4-5 yrs Gr. 1-3 Gr. 4-6

Child's Name: _____ **Birthdate:** _____ **Age:** _____ **Grade:** _____

Allergies/Medical Conditions: _____

Kids Zone: 2-3 yrs 4-5 yrs Gr. 1-3 Gr. 4-6

Child's Name: _____ **Birthdate:** _____ **Age:** _____ **Grade:** _____

Allergies/Medical Conditions: _____

Kids Zone: 2-3 yrs 4-5 yrs Gr. 1-3 Gr. 4-6

If you need additional room for children, please use the back.

Will your children participate in the Christmas Concert this year? Yes No

On occasion, your child's teacher may want to take the children out to find things that God has created, or to go play at the school playground as a special treat. Please indicate if you give your consent. Yes No

As part of the Children's Ministry Program, we may take pictures of your child. May we show them:

In the Classroom In the Church (PowerPoint or Print) On the Internet

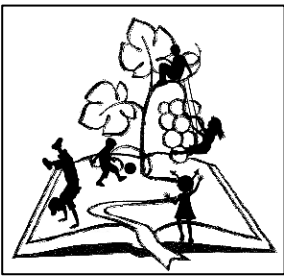
Signature of Parent/Guardian: _____ Date: _____

Emergency Contact (NOT a parent or your spouse): _____

Home Ph: _____ Cell Ph: _____

Relationship to Child: _____

Please indicate if extra assistance is required for any of your children:



NPMB Kids Zone Registration

*Teaching children to be rooted and built up in
Jesus and established in the faith.*

Child's Name: _____ **Birthdate:** _____ **Age:** _____ **Grade:** _____

Allergies/Medical Conditions: _____

Kids Zone: 2-3 yrs 4-5 yrs Gr. 1-3 Gr. 4-6

Child's Name: _____ **Birthdate:** _____ **Age:** _____ **Grade:** _____

Allergies/Medical Conditions: _____

Kids Zone: 2-3 yrs 4-5 yrs Gr. 1-3 Gr. 4-6

Child's Name: _____ **Birthdate:** _____ **Age:** _____ **Grade:** _____

Allergies/Medical Conditions: _____

Kids Zone: 2-3 yrs 4-5 yrs Gr. 1-3 Gr. 4-6

Child's Name: _____ **Birthdate:** _____ **Age:** _____ **Grade:** _____

Allergies/Medical Conditions: _____

Kids Zone: 2-3 yrs 4-5 yrs Gr. 1-3 Gr. 4-6

Child's Name: _____ **Birthdate:** _____ **Age:** _____ **Grade:** _____

Allergies/Medical Conditions: _____

Kids Zone: 2-3 yrs 4-5 yrs Gr. 1-3 Gr. 4-6