

NPMB Kidszone Registration

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

2025/2026

Service we are most likely to attend (Saturday 6:00pm, Sunday 9:00am or Sunday 11:00am): _____

Name of Parents/Guardians: _____

Mailing Address: _____ Ph #: _____

City: _____ Province: _____ Postal Code: _____

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

Allergies/Medical Conditions: _____

Kidszone: ☐ 2-3 yrs ☐ 4-5 yrs ☐ Gr. 1-3 ☐ Gr. 4-6

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

Allergies/Medical Conditions: _____

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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 (Facebook/Instagram)

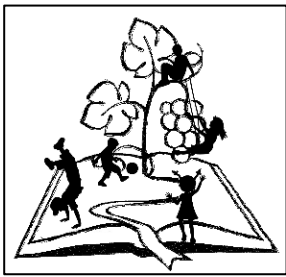
Signature of Parent/Guardian: _____ Date: _____

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:



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