

Family ID# \_\_\_\_\_

Change of Address ONLY (Please fill in the top)

Registration (Please fill in Child's info on the back) ←

**PLEASE CHECK THE BOX THAT APPLIES TO YOU:**

_____	▶	8:30-9:45	Sunday AM	_____
_____	▶	9:45-10:45	Sunday AM	_____
_____	▶	11:00-12:00	Sunday AM	_____
_____	▶	6:00-7:00	Sunday PM	_____
_____	▶	6:30-8:00	Wednesday PM	_____

Please indicate times you and your child will attend and **YOUR** usual location during each time:

Phone # H: \_\_\_\_\_ C: \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's first & last name (s) \_\_\_\_\_



**Broken Arrow Church of the Nazarene  
The Kidz Place Form**

**Broken Arrow Church of the Nazarene  
The Kidz Place Form**



Parent's first & last name (s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # H: \_\_\_\_\_ C: \_\_\_\_\_ E-mail \_\_\_\_\_

Please indicate times you and your child will attend and **YOUR** usual location during each time:

_____	Sunday AM	8:30-9:45	▶	_____
_____	Sunday AM	9:45-10:45	▶	_____
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Family ID# \_\_\_\_\_

<u>Child's Name</u>	<u>Birthday</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
1. M / F _____	____ / ____ / ____	_____	_____	_____
Allergies/Special Needs: _____				
2. M / F _____	____ / ____ / ____	_____	_____	_____
Allergies/Special Needs: _____				
3. M / F _____	____ / ____ / ____	_____	_____	_____
Allergies/Special Needs: _____				
4. M / F _____	____ / ____ / ____	_____	_____	_____
Allergies/Special Needs: _____				
5. M / F _____	____ / ____ / ____	_____	_____	_____
Allergies/Special Needs: _____				

<u>Child's Name</u>	<u>Birthday</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
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Allergies/Special Needs: _____				
2. M / F _____	____ / ____ / ____	_____	_____	_____
Allergies/Special Needs: _____				
3. M / F _____	____ / ____ / ____	_____	_____	_____
Allergies/Special Needs: _____				
4. M / F _____	____ / ____ / ____	_____	_____	_____
Allergies/Special Needs: _____				
5. M / F _____	____ / ____ / ____	_____	_____	_____
Allergies/Special Needs: _____				