



Peoria Nazarene Church

Children's Ministry

Registration Form

Please fill out this form and bring it to the Welcome Center when you visit.
Thank You!

Parent/Guardian Name(s) _____

Marital Status Married Single Widowed Divorced Separated

Street Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Mobile Phone _____

Mobile Provider _____ (We occasionally send texts during the service to notify parents if their child needs special attention. Our online system requires a mobile provider in order to send texts to you.)

Child's Name _____

Gender Male Female Birthdate _____ Grade _____

Allergies/Special Needs _____

Child's Name _____

Gender Male Female Birthdate _____ Grade _____

Allergies/Special Needs _____

Child's Name _____

Gender Male Female Birthdate _____ Grade _____

Allergies/Special Needs _____

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