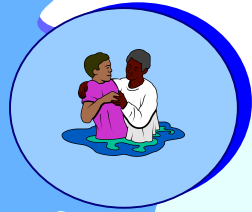




# Kingdom Zone's Baptism



Date: \_\_\_\_\_

**Please Print**

(1) Child's Name _____	Age _____ DOB _____	Grade _____	Female <input type="checkbox"/> Male <input type="checkbox"/>
(2) Child's Name _____	Age _____ DOB _____	Grade _____	Female <input type="checkbox"/> Male <input type="checkbox"/>
(3) Child's Name _____	Age _____ DOB _____	Grade _____	Female <input type="checkbox"/> Male <input type="checkbox"/>
(4) Child's Name _____	Age _____ DOB _____	Grade _____	Female <input type="checkbox"/> Male <input type="checkbox"/>

Has your child (ren) accepted Jesus Christ as their Savior?       YES       No

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

FOR OCBF USE ONLY			
Session:    Jan.    Apr.    July    Sept.	Baptized    Yes    No	Date Baptized: _____	

Please tell us briefly if your child has any learning challenges that we would need to be aware of. We want to accommodate him/her in the classroom as much as possible. Thank you.

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