

Welcome to High Street Nazarene. We are excited you're here.  
Please take a moment and complete the information below to help with the check-in process.

### First Time Attender Information

Contact Information:

Mailing Address:  City:  Zip:

Email Address:

Phone Number:

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Parent / Guardian Name:

Parent / Guardian Name:

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Child Name:

Birthdate:

School Name:  Grade:

Allergies:

Came with:

---

Child Name:

Birthdate:

School Name:  Grade:

Allergies:

Came with:

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Child Name:

Birthdate:

School Name:  Grade:

Allergies:

Came with:



*"Helping kids move toward hope and Jesus Christ!"*