

Child Under 12 Registration Form

August 8-9, 2025 Northern Ohio District Conference

YOU MUST PRE-REGISTER BY JULY 25 IF YOU WANT TO ORDER MEALS.

IF YOU ARE REGISTERING ADULTS, USE ADULT FORM

Send Registration Forms and checks to:

Northern Ohio District, 1107 E. Main Street, Ashland, OH 44805 or register on-line

www.nohcob.org/register

Child 1

Congregation Name

Child's Name M/F Age/Grade

Address (Street, City, State)

Parent's Name

Parent's Phone Number

Is this your child's first conference? Yes ☐ No ☐

Parent's contact information at conference

Who will pick up children from their activities?

(Children under 12 do not pay registration or meal costs)

Please mark the meals you want for your child.

	Lunch	Dinner
Friday		
Saturday		
Totals	➡ No Charge	

Preschool Children: Childcare is provided during Pre-Conference, worship on Friday and Saturday, and Saturday business sessions and insight sessions. Please indicate below if/when your child will be in Child Care.

<input type="checkbox"/> Pre-Conference	<input type="checkbox"/> Friday Evening Insight Session
<input type="checkbox"/> Friday Worship	<input type="checkbox"/> Saturday Business Sessions
<input type="checkbox"/> Saturday Worship	<input type="checkbox"/> Saturday Insight Session

Grade School Children: Children's activities are provided for children in grades 1 through 6 during the Saturday business sessions and insight sessions. Register children who will participate in Children's Activities. Will your child attend Children's Activities on Saturday? Yes ☐ No ☐

Does your child have any special needs, food allergies, etc.? Yes ☐ No ☐ Explain:

Parent or Guardian's Signature:

Child 2

Congregation Name

Child's Name M/F Age/Grade

Address (Street, City, State)

Parent's Name

Parent's Phone Number

Is this your child's first conference? Yes ☐ No ☐

Parent's contact information at conference

Who will pick up children from their activities?

(Children under 12 do not pay registration or meal costs)

Please mark the meals you want for your child.

	Lunch	Dinner
Friday		
Saturday		
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Does your child have any special needs, food allergies, etc.? Yes ☐ No ☐ Explain:

Parent or Guardian's Signature: