



# Kid's Ministry

Guest Enrollment

Date \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Email \_\_\_\_\_

CHILD'S FULL NAME				BIRTHDATE	AGE	ALLERGIES	Staff Notes
1)		<input type="checkbox"/> M <input type="checkbox"/> F					
2)		<input type="checkbox"/> M <input type="checkbox"/> F					
3)		<input type="checkbox"/> M <input type="checkbox"/> F					
4)		<input type="checkbox"/> M <input type="checkbox"/> F					
<b>How did you hear about us?</b> <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Sign <input type="checkbox"/> Special Event <input type="checkbox"/> Other _____							
<input type="checkbox"/> <i>My child(ren) has special needs. I would like to discuss his/her care with a VIP Kids ministry leader.</i>							
<b>Parents: please remain on Revive Church campus if your child is checked into our children's ministry.</b>						Office Use Only <input type="checkbox"/> 1st _____ <input type="checkbox"/> 2nd _____ <input type="checkbox"/> 3rd	