



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					
How did you hear about us? <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>							
Parents: please remain on Revive Church campus if your child is checked into our children's ministry.						Office Use Only <input type="checkbox"/> 1st _____ <input type="checkbox"/> 2nd _____ <input type="checkbox"/> 3rd	