



KID'S MINISTRY

I'M A ONE-TIME GUEST

GUEST ENROLLMENT

DATE: _____

PARENT'S NAME: _____

EMAIL: _____

CELL PHONE: _____

CELL CARRIER: _____

OTHER PARENT'S NAME: _____

EMAIL: _____

CELL PHONE: _____

CHILD'S FULL NAME	BIRTHDATE	AGE	ALLERGIES/COMMENTS	GRADE/EC CLASS
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

My child(ren) has special needs. I would like to discuss care with a VIP Kids Ministry Leader.

Parents: please remain on Revive Church campus if your child is checked into our children's ministry.

In submitting this registration form, the adult consents and gives permission to Revive Church/Revive Kids to use the image, likeness, &/or voice of anyone in our facility or programs, without compensation, including without limitation to publicize &/or promote Revive Church/Revive Kids in photographs, print, video recordings, sound recordings, websites, and any other medium that now exists or may exist in the future.



STUDENTS MINISTRY

GUEST ENROLLMENT

DATE: _____

STUDENT'S FULL NAME: _____

STUDENT CELL #: _____

CELL CARRIER: _____

EMAIL: _____

GRADE: _____

GENDER: M F

BIRTHDAY: _____

STUDENT'S FULL NAME: _____

STUDENT CELL #: _____

CELL CARRIER: _____

EMAIL: _____

GRADE: _____

GENDER: M F

BIRTHDAY: _____

In submitting this registration form, you give consent and permission to Revive Church/Revive Students to use the image, likeness, &/or voice of anyone in our facility or programs, without compensation, including without limitation to publicize &/or promote Revive Church/Revive Students in photographs, print, video recordings, sound recordings, websites, and any other medium that now exists or may exist in the future.