

Today's Date: _____

River Hills Church
Registration For Children's Ministry
Kid's Connection

Child's Name: _____

Address: _____

City _____ State _____ Zip Code _____

Date of Birth: _____

Current Grade in School: _____

Female: _____ Male: _____

Home Phone: _____

E-mail Address: _____

Allergy(s): _____

May we serve your child a snack? YES / NO

Special Needs/ Instructions: _____

Photograph Permission: YES / NO

Parent(s) or Legal Guardians(s)

Name: _____

X _____

Parent or Legal Guardian's Signature