RADIANT KIDS

REGISTRATION

PLEASE PRINT CLEARLY & LEGIBLY

DATE: / /

☐ FIRST TIME GUEST ☐ INFO CHANGE

PARENT/GUARDIAN INFORMATION:

NAME:

EMAIL:

ADDRESS:

CITY: **ST:** **ZIP:**

CELL PHONE:

BY PLACING MY CHILD(REN) IN THE CARE OF RADIANT KIDS AND SIGNING THIS FORM, I GIVE CONSENT FOR RADIANT KIDS MINISTRY TO TAKE PHOTOS OF MY CHILD(REN) DURING ANY SERVICE AND USE THEM FOR PROMOTIONAL PURPOSES.

SIGNATURE:

PLEASE COMPLETE REVERSE SIDE