

**K.I.S.S.
YOUR
KIDS**

KOHL'S

**I's
Sold on
Safety**



Name of Artist: _____ Age: _____ Parent or Guardian: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: (____) _____ Email: _____

Disclaimer: All pictures become the property of Nationwide Children's Hospital. We cannot be responsible for lost or illegible entry

forms, so please write neatly! Date: _____ Parent/Guardian Signature: _____