

SPARK Sunday School Registration

2022-2023

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 **Child’s Name** Age Birth Date Grade

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Mailing Address

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| --- | --- | --- |
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 Parent/Guardian 1 Parent/Guardian 2

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| --- | --- | --- |
|   |  |   |

 Relationship Relationship

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| --- | --- | --- |
|   |  |   |

 Cell Phone Cell Phone

|  |  |  |
| --- | --- | --- |
|   |  |   |

 Email Email

|  |  |  |  |  |
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 **EMERGENCY CONTACT** Relationship **CELL PHONE**

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Please list names(s) of person(s) that may pick up your child **BESIDES** those listed above.

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|  **MEDICAL** |

Please list all allergies, medical conditions, or other concerns:

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**Does this child have an Epi-Pen?** **YES** [ ] No[ ]

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|  **Church history** |

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| --- | --- | --- |
| Has your child attended another church? If so where? |  |   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Was your child Baptized? | Yes[ ]  | No[ ]  | Where? |   | Date: |   |

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|  **MEDIA USE** |

I give my permission to use my child’s picture:

In church or in class projects: Yes[ ] No[ ] In advertising (Facebook, etc.): Yes[ ] No[x]

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 ***Parent/Guardian Signature* Date**