SUNDAY
Date_____

Class_____

**Classroom Count: _____ children + _____ leaders = _____ total**

***Please fill out all information before dropping off your child

| Child's **FIRST AND LAST** Name | Emergency Contact: **FIRST AND LAST** name, **Cell #**, and **Location** during service | Special Instructions | 9AM | 10:45 AM |
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*** Interested in serving? Please leave your name and contact information below.**