Spark Sunday School Registration

St. Mark's Evangelical Lutheran Church

2012-2013

| (Please complete one form per child) | | |
|--|--|--|
| Child's Name | | |
| | | |
| , | Cell Phone # | |
| Parent's Name | | |
| | Date of Baptism | |
| School | Grade | |
| Allergies and Medical Conditions_ | | |
| Volunteers will be needed occasio computers, etc. Would you or a | mally for rotations, music, crafts, science, cooking, and member of your family be interested in | |
| | | |
| Can we use photos of your child fo | or our website and Facebook sites Yes No | |