

## Sunday School Permission Slip

Child's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Parent's Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Email: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

How would you prefer to be contacted about upcoming events?      EMAIL      or      MAIL

I give permission for my child to be photographed for church  
publicity and/or the church website:      YES      or      NO

**\*\*\* PLEASE RETURN TO YOUR CHILD'S TEACHER ON THE FIRST DAY OF SUNDAY SCHOOL! \*\*\***

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