Calvary Chapel Saint Paul - Children's Ministry Sign In/Out

No. of classes this service

Teachers, Aids, Parents, Interns: _____

Sheet ___ of ___ Day & Date: _____ Circle One Service: 1st 2nd Thurs Age/Grade: _____

v.2024-04-16

#	Time In	Child *Print First & Last*	Allergies	Responsible Party *Print First & Last*	Responsible Party's Signature (Sign-In)	E-Mail Address or Phone Number	Time Out	Responsible Party's Signature (Sign-Out)
0	9:53 AM	Susy Smith (example)	Gluten	John Smith		John.Smith@gmail.com 651-555-1234	11:13 AM	
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