SUNDAY SCHOOL REGISTRATION FORM

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| Name: | Click or tap here to enter text. | |
| Email: | Click or tap here to enter text. | |
| Telephone: | Click or tap here to enter text. | SMS\* |
|  | \*You authorize SMS/Text messaging | |
| Street Address: | Click or tap here to enter text. | |
| City, State, Zip: | Click or tap here to enter text. | |

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|  | |
| Participants Name | Age Level |
| SELF | Choose an item. |
| Click or tap here to enter text. | Choose an item. |
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| Click or tap here to enter text. | Choose an item. |

Please be advised that this information will be used to contact/provide you with information for Sunday School.  We want to ensure that everyone has a positive experience so invite your family and friends to join in.  Registration is required to protect everyone’s privacy and to practice a virtual safe sanctuary for dialogue and interaction.  If you have any questions please email:  [Sundayschool@jmpumc.org](mailto:Sundayschool@jmpumc.org).