



**FIRST REFORMED CHURCH
of Pompton Plains, NJ
SPARK KIDZ REGISTRATION**

Registration Date: _____

Family's Last Name: _____

Address: _____

Phone #: _____ Email: _____

Mother's Name: _____ Father's Name: _____

Members of this church or attend regularly

Children in family to be enrolled:

Name	Age	Date of Birth	Grade (as of 9/2015)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies or health related conditions of any of these children that the Spark Kidz Staff should be aware of? If so, please explain: _____

Do you have any special talents you would be willing to share? (crafts, music, storytelling etc.)

Are you willing to: Teach or Assist

Signed: _____ Relationship to child(ren) _____