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|  |  | **Sign Up Sheet** |  |
|  | SCHOOL NAME |  | DATE |  |
|  | **<School Name>** |  | **Mm/dd/yyyy** |  |
|  | ADDRESS |  | CONTACT NUMBER |  |
|  | **<School Address>** |  | **<Contact Number** |  |
|  |
|  | **Child Name** | **Parent/Guardian Name** | **Contact Number** | **Address** |  |
|  | John Smith | Linda Smith | 1 47-8335-3466 | Columbia Heights, Washington DC |  |
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