

# Trinity Lutheran Church

Registration Form 2018-19

Sunday School (Prek-12th Grade)

Please Print

## Student Information

Name: \_\_\_\_\_

Birth day: \_\_\_\_\_

Age: \_\_\_\_\_

Grade \_\_\_\_\_

## Parent/Emergency Contact Information

Mother /Guardian

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone (       ) \_\_\_\_\_

Father /Guardian

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone (       ) \_\_\_\_\_

## Student Health Information

Please list any allergies, medical conditions, dietary needs or other relevant information:

\_\_\_\_\_

**Parent Volunteers are also needed. Please consider helping out!**

\_\_\_\_\_ I would be willing to help out at special Sunday School events.

\_\_\_\_\_ I would be willing to donate supplies for activities that are taking place during Sunday School.

**PHOTO RELEASE:** By my signature below and consent by checking Yes or No, permission is given for the Church, without further consideration or compensation, to use any photos taken of said child/youth during Trinity's activities for the 2017-2018 school year. Such photos may be used in a variety of media outlets. I understand that Trinity remains the sole owner of such photographs and that no financial profit will be made by these photographs or other photographers by my image without my (our) written consent. Yes                      No

Parent Name Printed

Date

Parent Signature