



SUNDAY SCHOOL REGISTRATION 2017-2018

For Age 3 through Grade 12

Child's Full Name _____

Parents' Names _____

Address _____

Best Contact phone _____

Emergency Contact Name & Phone Number (***other than parents***)

Email address(es) _____

Child's Age _____ Date of Birth _____ Sex: M F

School Grade _____ Date of baptism (if known) _____

Medical information we should know (allergies? epi-pen?, etc.)

Name of person/persons who may pick up your child

Photograph Permission

- I give permission for photographs of my child, named above, to be used by Trinity Lutheran Church in its printed and online publications (e.g. *The Chimes* newsletter, church website and Facebook page).
- I do not give permission for my child's photograph to be published.

Signature of parent

Date