

Trinity 2017 Sunday School Registration

**Please complete one for each child and return
to the Church Office on or before Sept. 10, 2017**

Student's Name: _____

Age: _____ School grade: _____

Parents' Names: _____

Address: _____

Phone # _____ E-mail : _____

Are you willing/able to help out with teaching or special events?
If so, to what extent?

Does your child have any food or other allergies?
If yes please identify

Does your child have any special learning needs that you would like to share
with his/her teacher?

Do you consent to having your child's picture on the Church website/facebook page?
yes _____ no _____

Signature _____

Emergency contact: _____
(Other than parents)

Phone no. _____

**SUNDAY SCHOOL begins September 10th after the Backpack Blessing at
the 10 AM service**