

# SUNDAY SCHOOL REGISTRATION FORM

*Ages 3 through 6th Grade*

**Begins Sunday, Sept. 13th, 2015 through Sunday, May 22nd, 2016**  
**9:20am-10:10am**



Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
(First) (MI) (Last) (First) (MI) (Last)

Child(ren)'s Address: \_\_\_\_\_  
(Street) (City, State & Zip Code)

Emergency Phone #: (\_\_\_\_) - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Child lives with: \_\_\_ Both Parents \_\_\_ Mom \_\_\_ Dad \_\_\_ Grandparent \_\_\_ Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

**I would like to be involved in Kingdom Quest Sunday School as a shepherd (no teaching responsibilities)**  
**YES NO**

**I give Trinity Lutheran church the right to take and use photographs and/or/videos of my child for ministry purposes.** **YES NO**

Child Name: \_\_\_\_\_ Gender: M or F  
(First) (MI) (Last) (Nickname)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade : \_\_\_\_\_ Allergies: \_\_\_\_\_

Trinity Member: YES NO OTHER: \_\_\_\_\_ Baptismal Birthday \_\_\_\_\_

Child Name: \_\_\_\_\_ Gender: M or F  
(First) (MI) (Last) (Nickname)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade : \_\_\_\_\_ Allergies: \_\_\_\_\_

Trinity Member: YES NO OTHER: \_\_\_\_\_ Baptismal Birthday \_\_\_\_\_

Child Name: \_\_\_\_\_ Gender: M or F  
(First) (MI) (Last) (Nickname)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade : \_\_\_\_\_ Allergies: \_\_\_\_\_

Trinity Member: YES NO OTHER: \_\_\_\_\_ Baptismal Birthday \_\_\_\_\_