

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 _____

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