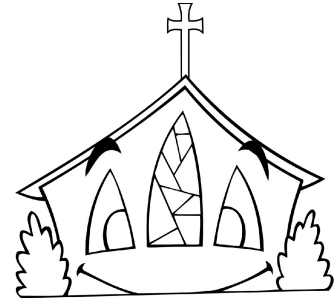


SUNDAY SCHOOL REGISTRATION



Bring form to church on Sundays starting August 23 or send to the church office with a notation SS Registration. Classes begin on Rally Day, September 13. Donations of \$20-25 per child to offset supplies are encouraged. Please fill out a separate form for each child. Additional forms are available in the church office or on the web page www.trinity-ec.org. All checks should be made out to: Trinity Lutheran Church. Questions? Call 832.6601.

I. STUDENT INFORMATION			
Child's Name:		Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	
Address:		City:	Zip:
Phone Number:	Birth Date:	Age:	Current Grade: (circle one) Pre1 PreK K 1 2 3 4 5 6
Father's/Guardian's Name:		Work/Cell Phone:	
Mother's/Guardian's Name:		Work/Cell Phone:	
Parent/Guardian E-Mail Address:			
Emergency Name & Phone Number (Other than guardian/parents):			
Member of: <input type="checkbox"/> Trinity Lutheran <input type="checkbox"/> Interested in membership <input type="checkbox"/> Other:			

2. CLASS INFORMATION: PLEASE CHECK ONE SESSION (SUGGESTED SUNDAY SCHOOL FEES ARE A \$20-25 DONATION)	
CHECK	DESCRIPTION
<input type="checkbox"/>	SESSION I (8:55 A.M.) PRESCHOOL I-GRADE 6
<input type="checkbox"/>	SESSION II (10:25 A.M.) PRESCHOOL I-GRADE 6

3. MEDICAL RELEASE	
I (We) understand that, in the event medical treatment and/or transportation is required, every effort will be made to contact me. However if, I/we cannot be reached, I/we give permission to the staff or sponsor at Trinity to secure services of a licensed physician and/or licensed paramedics to provide necessary care for my child/children's well being.	
Parent/Guardian Signature	Date

4. MEDICAL INFORMATION (ALLERGIES, MEDICATIONS, SPECIAL NEEDS)

5. PICK UP PROCEDURE—MY CHILD WILL BE PICKED UP BY: