

SUNDAY SCHOOL REGISTRATION "MY CHURCH"



The class begins on Sunday, October 11, 2009. To participate, children must be two years old by September 1, 2009. To register, complete this form and return it to the Children's Ministries Office by October 4. Donations (\$20–25 per child) to offset supplies are encouraged. All checks should be made out to: Trinity Lutheran Church. Questions? Call Mary Schoenknecht 832.6601.

1. STUDENT INFORMATION		
Child's Name:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	
Address:	City, Zip:	
Phone Number:	Birth Date:	Age:
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 parent/guardian):		
Member of: <input type="checkbox"/> Trinity Lutheran <input type="checkbox"/> Interested in membership <input type="checkbox"/> Other:		

2. CLASS INFORMATION: PLEASE CHECK ONE SESSION (SUNDAY SCHOOL FEES ARE A \$20-25 DONATION)	
CHECK ONE	DESCRIPTION
<input type="checkbox"/>	Session 1 (8:55 A.M.)
<input type="checkbox"/>	Session II (10:25 A.M.)

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: