

CAMP T.G.I.F. & CHOIR REGISTRATION



Please fill out a separate form for each child. **Bring form and appropriate fees to the registration night on September 2 or send to the church office.** Additional forms are available in the church office, narthex, on the web page www.trinity-ec.org or on registration night. All checks should be made out to: Trinity Lutheran Church. Questions? Call 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: e:	Current Grade: (circle one) 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 parent/guardian):			
Member of: <input type="checkbox"/> Trinity Lutheran <input type="checkbox"/> Interested in membership <input type="checkbox"/> Other:			

2. CLASS INFORMATION: PLEASE CHECK ALL THAT APPLY			
CHECK	DESCRIPTION	FEE	OFFICE
	Camp T.G.I.F. (5:00–6:25 P.M.) Grades 3–6	\$60 per year Includes meals & supplies.	
	God's Little Singers (5:00–6:15 P.M.) Pre-Kindergarten (must be 4 by 9.1.08)–Kindergarten	\$60 per year Includes meals & T shirt.	
	Children's Choir (5:00–6:15 P.M.) Grades 1 and 2	\$60 per year Includes meals & T shirt.	
	Totally Joyous Christians (4:15–5:00 P.M.) Grades 3–6	No additional fee, included with the T.G.I.F. fees.	

3. MEDICAL RELEASE
<p>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.</p> <p>Parent/Guardian Signature _____ Date _____</p>

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

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