

SUNDAY SCHOOL - Student Registration Form

September 2011 - June 2012

◇ Session 1: 9:35-10:15

◇ Session 2: 10:50-11:30

Date _____ *Child must be 2 years old by September 15, 2011, to begin the Sunday School program.*

Pupil's Name _____ Parent's Name _____

Mailing Address _____

Street or Box No. _____

Town and Zip Code _____

Phone No. (____) _____ Emergency Phone No. (____) _____

Email Address _____

Pupil's Age _____ Birth Date _____ Sex M F
Month/Day/Year

Baptism Date & Place _____

School Grade _____
or

Pupil has attended: Nursery School _____

Medical information we should know (allergies, etc.) _____

Name of person/persons who may pick up your child _____

Photo Release

I hereby grant permission for my child to be photographed in conjunction with Trinity Lutheran Church Sunday School activities. I understand that these photos may appear in Trinity publications, local paper or internet.

Signature of Parent(s)/Guardian _____

Date _____

Parent Volunteer Slip

Teacher _____
Age preferred _____
Classroom Helper _____
Age preferred _____
Nursery Aide _____
Substitute Teacher _____

Sunday School Team Member _____
Design Bulletin Boards _____
Attendance Recorder _____
Help with Worship Education _____
Check in on classes to see
if they need supplies _____