

SUNDAY SCHOOL STUDENT 2018 REGISTRATION FORM

(Fill out one form per child and return to Trinity's Office)

Name _____ Birthday _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Email _____

Mom's Name _____ Cell () _____

Dad's Name _____ Cell () _____

Food Allergies _____

2018 School Grade Completed ____ Age as of 9/1/18 _____

I _____ do/do not give permission to Trinity Lutheran Church to photograph, record audio and video record of my child _____. I understand that photos, audio and video recordings of my child may be posted in public view in the facility, may be used on the website, on social media, and may be used for publicity purposes if you give permission.

THE FIRST DAY OF SUNDAY SCHOOL
IS SEPTEMBER 9 AT 8:45 A.M.
BEGINNING IN THE CHAPEL.