

TRINITY LUTHERAN CHURCH SUNDAY SCHOOL
REGISTRATION FORM 2015-2016
*For Students Not Previously Registered

Date: _____ School Attending: _____ Grade: _____

Student's Name: _____
Last First

Address: _____
Street Address City, State, Zip

Student's Birth Date: _____ Baptismal Date: _____ Gender: **M F** Member of Trinity: **Y N**

Home Phone: _____ Cell Phone: _____

E-Mail: _____ @ _____

Name of Parent/Guardians: _____

Emergency Contact: _____
Name Relationship Phone

Special Needs/Allergies, Medical Conditions: _____

I am willing to: **Substitute Teach** ____ **Be a classroom helper** ____ **Help with Snack** ____
I have a teenager (high school/college) who would be willing to help ____

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