



TRINITY
Evangelical Lutheran Church

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www.trinityonthehill.com

Sunday School Registration Form

Sundays 9:15 a.m. - 10:15 a.m.

PERSONAL INFORMATION

Please print clearly.

Parents: (Last) _____ (First) _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Preferred form of contact (please check one and include number or address):

Text _____ Number: _____

E-Mail _____ E-Mail address: _____

Phone _____ Number: _____

Are you members of Trinity? _____

Are you interested in becoming members of Trinity? _____

Would you be interested in volunteering with our Sunday School? Yes No

IN CASE OF EMERGENCY DURING SUNDAY SCHOOL, please contact:

Name: _____ Phone: _____

Doctor's Name: _____ Dr.'s Phone: _____

Parent's Signature (required): _____

Photo Release

I hereby give my consent for Trinity Evangelical Lutheran Church to use my child(ren)'s photograph and likeness and name(s) (if necessary), in all its publicity, illustrations, and advertising publications, including its website. I consent without any expectation of confidentiality or compensation for the undersigned minor child(ren) and/or myself and attest that I am the parent or legal guardian of the child(ren) listed on this form.

_____ Initial here if you **DO NOT** want your child(ren) to be photographed or videotaped during church events.

[Please note: At Sunday School, we occasionally serve snacks and beverages. Only diagnosed food allergies will be addressed. Please indicate them for each child on the reverse side.]

SUNDAY SCHOOL STUDENT INFORMATION

Child #1 Name: _____

Age: _____ Birth Date: _____ Grade entering in fall: _____

Is this student baptized? _____ If yes, date of baptism: _____

Name of church: _____ City and State: _____

Is there any information about your child that the teachers would find helpful? (behavioral needs, special needs, etc.)

Does the student have any food allergies? (circle one) YES NO

Please indicate: _____

Child #2 Name: _____

Age: _____ Birth Date: _____ Grade entering in fall: _____

Is this student baptized? _____ If yes, date of baptism: _____

Name of church: _____ City and State: _____

Is there any information about your child that the teachers would find helpful? (behavioral needs, special needs, etc.)

Does the student have any food allergies? (circle one) YES NO

Please indicate: _____

Child #3 Name: _____

Age: _____ Birth Date: _____ Grade entering in fall: _____

Is this student baptized? _____ If yes, date of baptism: _____

Name of church: _____ City and State: _____

Is there any information about your child that the teachers would find helpful? (behavioral needs, special needs, etc.)

Does the student have any food allergies? (circle one) YES NO

Please indicate: _____

Child #4 Name: _____

Age: _____ Birth Date: _____ Grade entering in fall: _____

Is this student baptized? _____ If yes, date of baptism: _____

Name of church: _____ City and State: _____

Is there any information about your child that the teachers would find helpful? (behavioral needs, special needs, etc.)

Does the student have any food allergies? (circle one) YES NO

Please indicate: _____