



**2020-2021 Sunday School Registration Form
Preschool (3 years old) – 5th Grade**

Date: _____

Members of Trinity? Yes/No (All are Welcome!)

Family Information:

Parent Name(s):	Cell Phone:
	Cell Phone:
Address:	Home Phone:
	Email:

Student Information: (For safety reasons, all children must have registration info on file)

Child's Name:	Grade as of Sept. 8
Date of Birth:	Age as of Sept. 8
Special concerns: (allergies, medications, social, etc.)	Baptized? Yes/No Baptism Date:
Medical Insurance Co:	Policy/ID #:

Child's Name:	Grade as of Sept. 8
Date of Birth:	Age as of Sept. 8
Special concerns: (allergies, medications, social, etc.)	Baptized? Yes/No Baptism Date:
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Date of Birth:	Age as of Sept. 8
Special concerns: (allergies, medications, social, etc.)	Baptized? Yes/No Baptism Date:
Medical Insurance Co:	Policy/ID #:

Medical and Liability Release:

I, the parent/guardian of _____, authorize a representative of Trinity Lutheran Church to take such action as deemed necessary for the care, welfare and health of, my child including the giving and consent of medical treatment when parental/guardian consent shall be unavailable or when circumstances require immediate medical decision. I hereby agree to indemnify and hold harmless from any expense of claims of any nature Trinity Lutheran Church and its representatives. I understand that I am responsible for any charges that may be incurred.

Parent/Legal Guardian Signature: _____ Date: _____

In case of emergency and parents cannot be reached, please call:

Name: _____ Phone Number _____

Relationship to child/ren: _____



Photo Release for 2020-2021 Sunday School year

Trinity Lutheran Church occasionally has the opportunity to use photos to promote the Sunday School program, children's choirs and other church activities.

I give permission for Trinity Lutheran Church to use, publish, or disclose in newsletter, brochures, posters, website, social media, or other media-related vehicles, any photographs, videos, audios, or other material in which my child may have appeared, spoken or written or otherwise been represented. No names shall be attached to any media used.

I give Trinity Lutheran Church permission to include my child (ren)

_____,
_____,
_____,

In photos, videos, or audios used for informational and promotional purposes.

Parent/Legal Guardian Signature: _____ Date: _____

Sunday School Contact Information:

Sarah Krosschell: Sunday School Coordinator skrosschell@trinitynorthbranch.org

Marie Ray: Youth and Family Ministry Director mray@trinitynorthbranch.org

Pastor Jon Yurk: pastor@trinitynorthbranch.org