

# SUNDAY SCHOOL ENROLLMENT INFORMATION

~ Please complete and return to Trinity ~

**GRADE:** \_\_\_\_\_ **ENROLLMENT DATE:** \_\_\_\_\_ - \_\_\_\_\_ - **20** \_\_\_\_\_

(month) (day)

**SUNDAY SCHOOL TIME 9:15 A.M**

**Name:** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Baptism Date:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(month) (day) (year) (month) (day) (year)

**Trinity Member:** Yes  No  If no, list church name: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**Mother's Address:** (Street/PO Box) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Mother's Email Address:** \_\_\_\_\_

**Mother's Phone Number:** (\_\_\_\_\_) \_\_\_\_\_ Listed \_\_\_\_\_ Unlisted \_\_\_\_\_

**Mother's Cell Phone #** (\_\_\_\_\_) \_\_\_\_\_ **Do you prefer to text?** \_\_\_\_\_

**Father's Address** – If same, please write 'same': (Street/PO Box) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Father's Email Address:** \_\_\_\_\_

**Father's Phone Number** – If same, please write 'same': (\_\_\_\_\_) \_\_\_\_\_ Listed \_\_\_\_\_ Unlisted \_\_\_\_\_

**Father's Cell Phone #** (\_\_\_\_\_) \_\_\_\_\_ **Do you prefer to text?** \_\_\_\_\_

If parents are **not** living together, please check which parent child is living with: Mother \_\_\_\_\_ Father \_\_\_\_\_

**OTHER CHILDREN IN FAMILY** (Use back of form if necessary):

**NAME:**

**AGE:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Will anyone other than the parent(s) be coming to pick up the child?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If 'yes,' who?** (name) \_\_\_\_\_ (relationship) \_\_\_\_\_

**OVER →**

## **EMERGENCY AND HEALTH INFORMATION**

Emergency Phone #: (\_\_\_\_\_) \_\_\_\_\_ Name \_\_\_\_\_

Any disabilities, activity restriction, allergies that we should be aware of? Yes \_\_\_ No \_\_\_

If 'yes,' please list: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_

Phone # of above Family Physician: (\_\_\_\_\_) \_\_\_\_\_

*In case of emergency and I cannot be reached, I give my permission for my child to receive the necessary medical treatment.*

Parent/Guardian signature: \_\_\_\_\_

## **Release of Liability**

In exchange for participate in the Sunday school program, organized by Trinity Lutheran Church, I agree for myself and (if applicable) for the members of my family to the following.

I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Trinity Lutheran Church for injury, loss or damage arising out of my or my family's use of or presence upon the activity/event fore-mentioned, whether caused by myself, my family, Trinity Lutheran Church or other third parties.

## **Photo/Video Release**

I am/am Not (circle one) willing to allow any photos or video of my child taken during Trinity events to be used in media and publications. (newsletter, website, power point, etc.)

Parent (Guardian): print \_\_\_\_\_

Parent (Guardian): signature \_\_\_\_\_