

SUNDAY SCHOOL ENROLLMENT INFORMATION

~ Please complete and return to Trinity ~

GRADE: _____ **ENROLLMENT DATE:** _____ - _____ - **20** _____
(month) (day)

SUNDAY SCHOOL TIME 9:15 A.M

Student Name: _____ Male _____ Female _____

Birth day: _____ - _____ - _____ **Baptism Date:** _____ - _____ - _____
(month) (day) (year) (month) (day) (year)

Trinity Member: Yes No If no, list church name: _____

Parents(s)/ Guardian(s) Names: _____

Primary address: (Street/PO Box) _____
(City) _____ (State) _____ (Zip) _____

Primary Email Address: _____

Primary Phone Number: (_____) _____ Listed _____ Unlisted _____

Primary Cell Phone # (_____) **Relation to student** _____

Secondary Address – If same, please write 'same': (Street/PO Box) _____
(City) _____ (State) _____ (Zip) _____

Secondary Email Address: _____

Secondary Phone Number – If same, please write 'same': (_____) _____ Listed _____ Unlisted _____

Secondary Cell Phone # (_____) **Relation to student** _____

OTHER CHILDREN IN FAMILY

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 _____