



## SUNDAY SCHOOL REGISTRATION FORM

Trinity Lutheran Church  
PO Box 768 / 13025 Newell Ave / Lindstrom MN  
[www.trinitylindstrom.org](http://www.trinitylindstrom.org) / 651-257-5129 x5  
*for Preschool– 5th graders*

*Please Note: All children attending Sunday School should be 3 years old by Sept. 1.*

CHILD'S NAME \_\_\_\_\_

*First*

*Middle*

*Last*

Birth date \_\_\_\_\_ Baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ Date (if new to Trinity) \_\_\_\_\_

Grade your child will be going into this fall:

3 yr. old    4 yr. old    Kindergarten    1st    2nd    3rd    4th    5th

Please list any allergies or medical/dietary needs:

CHILD'S NAME \_\_\_\_\_

*First*

*Middle*

*Last*

Birth date \_\_\_\_\_ Baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ Date (if new to Trinity) \_\_\_\_\_

Grade your child will be going into this fall:

3 yr. old    4 yr. old    Kindergarten    1st    2nd    3rd    4th    5th

Please list any allergies or medical/dietary needs:

CHILD'S NAME \_\_\_\_\_

*First*

*Middle*

*Last*

Birth date \_\_\_\_\_ Baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ Date (if new to Trinity) \_\_\_\_\_

Grade your child will be going into this fall:

3 yr. old    4 yr. old    Kindergarten    1st    2nd    3rd    4th    5th

Please list any allergies or medical/dietary needs:

To help us update our records, please list all children in your household who are **NOT of Sunday School age** (ages 0 - 3 years or in 6th - 12th grade):

Name	Birth Date	Grade	Baptized?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone(s): \_\_\_\_\_

Household e-mail address: \_\_\_\_\_

**Fill out only if there is a second household:**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone(s): \_\_\_\_\_

Household e-mail address: \_\_\_\_\_

**Circle One:** We are Members of Trinity ◆ We are Non-Members

**CONSENT FORM:**

I hereby give my consent to have my minor child/ren participate in the 2019-2020 Sunday School Program at Trinity Lutheran Church.

I recognize that engaging in the activities at Trinity Lutheran Church may expose my child/ren to the possibility of physical injury. I hereby release and agree to hold harmless Trinity Lutheran Church and its employees, organizers, and any volunteers assisting in the program, from any and all liability and claims arising out of my child/ren's participation in programs and related activities.

In case of emergency, where I cannot be reached, I hereby authorize Trinity Lutheran Church to administer necessary first aid or seek emergency medical attention for my child.

I give my permission for my child/ren to be photographed/videotaped. I understand that the images may be displayed in church publications, church building, website and/or social media. I understand that as a precaution, my child/ren's names will NOT be published or linked with photographs.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Friends are welcome! Please refer them to our website.**  
**[www.trinitylindstrom.org](http://www.trinitylindstrom.org)**