**Sunday School Registration Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Name** | **Date of Birth** | **Grade** | **Special needs – allergies, medications, disabilities, etc.** |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |

Parent’s information

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
| Parent #1 Name: | Cell Number:  | May we text you? |
| Click or tap here to enter text. | Click or tap here to enter text. | Yes [ ]  No [ ]  |
| Are you on Facebook? Y [ ]  N[ ]  | Would you like to be invited to the SS/Youth FB group? | Yes [ ]  No [ ]  |
|  |  |  |
| Parent #2 Name: | Cell Number:  | May we text you? |
| Click or tap here to enter text. | Click or tap here to enter text. | Yes [ ]  No [ ]  |
| Are you on Facebook? Y [ ]  N[ ]  | Would you like to be invited to the SS/Youth FB group? | Yes [ ]  No [ ]  |

Additional Contacts

|  |  |  |
| --- | --- | --- |
| Name: | Relationship to Child: | Able to pick up: |
| Click or tap here to enter text. | Click or tap here to enter text. | Yes [ ]  No [ ]  |
| Cell Phone Number: | Click or tap here to enter text. |  |
|  |  |  |
| Name: | Relationship to Child: | Able to pick up: |
| Click or tap here to enter text. | Click or tap here to enter text. | Yes [ ]  No [ ]  |
| Cell Phone Number: | Click or tap here to enter text. |  |

Consent

I give Trinity Lutheran Church Learning and Youth Ministries permission to publish in print, electronic, or video format the likeness or image of my child for the 2021 - 2022 Sunday School Year. I have read and understand that I will be expected to participate periodically as an assistant in the Sunday School Classroom throughout the Sunday School Year.

I am aware that Trinity's Learning and Youth Ministries comply with the State of Wisconsin Child Abuse and Neglect Act.

Signature of Parent/Guardian/Responsible Party:

Click or tap here to enter text.

Date: Click or tap to enter a date.