



Trinity Lutheran Church

PO Box 768 / 13025 Newell Ave / Lindstrom MN

www.trinitylindstrom.org / sherry@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: Circle One:

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: Circle One:

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: Circle One:

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: _____

Circle One: Member of Trinity ♦ Non-Member

CONSENT FORM:

I hereby give my consent to have my minor child/ren participate in the 2018-2019 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 I understand that as a precaution, my child/ren's names will NOT be published or linked with photographs.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

**Trinity Lutheran Church - Lindstrom MN
SUNDAY SCHOOL REGISTRATION**

VOLUNTEERS NEEDED:

*Your involvement in your child's spiritual growth is so valuable. Children love to see their parents helping out on a Sunday morning. The success of your child's Christian education and walk with the Lord at Trinity is dependent upon your active involvement. We ask **EACH** parent to please mark those areas that may be of interest to you.*

See the Sunday School Handbook for more information.

_____ Monthly Rotation Leader

_____ Classroom Shepherd

_____ Wednesday After-School Helper

_____ Other: Please list _____