



TRINITY LUTHERAN CHURCH

918 1st Ave E, Mobridge, SD 57601 ~ (605) 845-7818

Sunday School 25-26 Registration Form

Age 3 (must be potty trained) - 6th Grade



Last Name _____ First _____ M _____ F _____ Birth date ____/____/____ Age _____ Grade _____
Last Name _____ First _____ M _____ F _____ Birth date ____/____/____ Age _____ Grade _____
Last Name _____ First _____ M _____ F _____ Birth date ____/____/____ Age _____ Grade _____
Last Name _____ First _____ M _____ F _____ Birth date ____/____/____ Age _____ Grade _____
Last Name _____ First _____ M _____ F _____ Birth date ____/____/____ Age _____ Grade _____

Parent(s) or Guardian Name _____
Address (Street or Box #) _____ City _____ State _____ Zip _____
Email _____ Home Phone (____) _____ Guardian's Phone (____) _____
Father's Cell Phone (____) _____ Mother's Cell Phone (____) _____

If the parents or guardian are not available in an emergency, notify:

Name _____ Phone/cell: (____) _____
Name _____ Phone/cell: (____) _____

How will your child come to and leave from Sunday School? (Circle all that apply) Walk Bike Car

The following person(s) is/are permitted to pick up my child from Sunday School:

1. _____ 2. _____
3. _____ 4. _____

DO NOT release my child to the following person(s): 1. _____ 2. _____

Note any activities to be limited: _____

Specify any dietary concerns or limitations: _____

Note all allergies: ___ Bee Stings ___ Aspirin ___ Penicillin ___ Peanuts ___ Other: _____

Release: I hereby given permission for my child or children, previously named, to participate in all Trinity Lutheran Church activities and offsite field trips, except as previously noted. I also consent to the use of any photograph or video recordings of my child or family in future Trinity Lutheran Church or Evangelical Lutheran Church in America publications.

I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. But if it is important to do so, I hereby give my permission to allow Trinity Lutheran Church Sunday School staff to seek out professional medical treatment that may result in hospitalization, ordering of injections, anesthesia, x-ray or surgery for my child or children as named above.

Date

Please Print Name

Parent/Guardian Signature

TRINITY LUTHERAN CHURCH'S MISSION:

Inspired by God's Love

We Care – We Support – We Strengthen

Individuals Family Community