

TRINITY SUNDAY SCHOOL

Registration Form

For Preschool through Grade 5

Website: www.thefishchurch.com

Register at: vbspro.events/p/f7d57fsundayschool22-23

Email: fishchurchParishEd@gmail.com

\$20.00 Registration Fee (\$50.00 Maximum)

My child will attend Sunday School at 9am _____ 10:30am _____

Date: _____ 2022-23 Grade in School _____ School District _____

Student's Full Name _____
(First Name) (Middle Name) (Last Name) (Nickname)

Home Address _____

Town, State, Zip Code _____

Phone Number _____ Home e-mail address _____

Date of Birth _____ Age _____

Child's Baptismal date _____ Place of Baptism _____

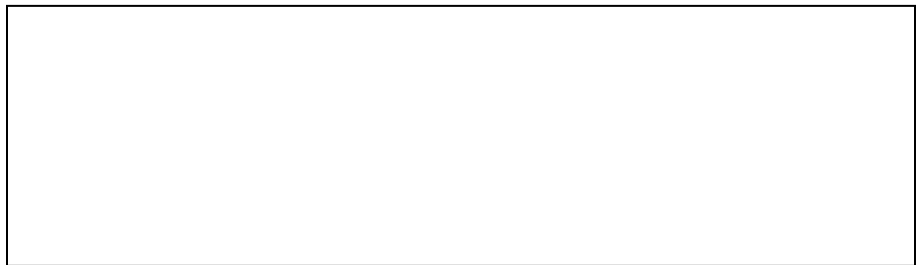
Allergies: _____

Special medical needs? _____

Special learning needs? _____

Indicate any information which may be helpful to us as we plan for your child's Christian education.

PHOTO



Siblings names and ages _____

*******IMPORTANT** Please complete Side 2*****

Parent/ Legal Guardian Information

Parent name _____

Parent name _____

E-Mail Address _____

E-Mail Address _____

Occupation _____

Occupation _____

Address, if different
from student's _____

Address, if different
from student's _____

Daytime Phone # _____

Daytime Phone # _____

Evening Phone # _____

Evening Phone # _____

Cell Phone # _____

Cell Phone # _____

Member of Trinity Lutheran (circle one) Yes or No

Member of Trinity Lutheran (circle one) Yes or No

If membership is elsewhere, give name and address
of congregation.

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PLEASE NOTE: Parent help is always needed. If you would like to volunteer to help with our Sunday School program and other activities, please check below:

I would like to teach Sunday School _____

I am able to substitute teach _____

I would like to lead a workshop _____

I can play the piano _____

I would like to help with Youth Club _____

Other _____

Please contact me: Name _____

The best way to contact me is _____

For office use only

Fee Class

**Please return registration form and check to: Trinity Lutheran Church
P.O. Box 1056
Rocky Point, NY 11778**