

TRINITY SUNDAY SCHOOL

Registration Form for Preschool age through Grade 5

www.thefishchurch.com

Email contact: fishchurchParishEd@gmail.com

To Register go to: <https://vbspro.events/p/sundayschool2023-2024>

***** IMPORTANT *****

Please complete fill out all three pages of this registration packet

\$20.00 Registration Fee (\$50.00 Maximum)

My child will attend Sunday School at 9:00 am ____ 10:30 am ____

Date: _____ 2023-24 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.

Siblings names and ages _____

***** IMPORTANT *****

Please complete fill out all three pages of this registration packet

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 _____

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**

Trinity Evangelical Lutheran Church

Photo and Media Release Form for Minors (Under Age 18)

I acknowledge and agree to the following: As parent/legal guardian of the child listed below, I hereby grant permission to *Trinity Evangelical Lutheran Church* to use the child's photographs and recordings containing his or her image, likeness, or voice on its website or in other official church websites, social media, printed publications, video recordings, and television or motion picture productions that will be produced, used, or distributed for legitimate purposes and without further consideration.

I acknowledge *Trinity Evangelical Lutheran Church's* right to crop or treat photographs at its discretion. I also understand that once the child's image is posted on any website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless *Trinity Evangelical Lutheran Church* and any employee, agent, or representative thereof from any claims arising out of the use of my child's photographs.

I also acknowledge that *Trinity Evangelical Lutheran Church* may use the aforementioned media in subsequent years and reserves the right to discontinue its use without notice. I understand that my consent is in effect until such time that I inform *Trinity Evangelical Lutheran Church* to discontinue the use of the aforementioned media. I confirm that I am the parent or legal guardian of the child listed below.

Print child's full name: _____

Signature of parent/guardian: _____ Date: _____

Please print your full name: _____

Phone: _____ E-mail: _____