

**2020-2021 Trinity SATURDAY/SUNDAY SCHOOL  
Registration Form  
Preschool through Grade 5**

Website: [www.thefishchurch.com](http://www.thefishchurch.com) Email: fishchurchParishEd@gmail.com

**\$20.00 Registration Fee (\$50.00 Maximum) CK# \_\_\_\_\_ Date \_\_\_\_\_**

Date: \_\_\_\_\_ 2020-21 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 \_\_\_\_\_

**Would your child like to be involved in Youth Club? \_\_\_\_\_**

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 Side 2\*\*\*\*\*

Check your preference of Saturday/Sunday School Session: Saturday evening at 5:00 p.m. \_\_\_\_\_

Sunday mornings at \_\_\_\_\_ 9:00 a.m. or \_\_\_\_\_ 10:30 a.m.

## Parent/ Legal Guardian Information

Father's name \_\_\_\_\_

Mother's 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

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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 Saturday/Sunday School program and other activities, please check below:**

I would like to teach Saturday School \_\_\_\_\_

I would like to teach Sunday School \_\_\_\_\_

I am able to substitute teach \_\_\_\_\_

I would like to lead a 2-week workshop \_\_\_\_\_

I can play the piano \_\_\_\_\_

I would like to help with Youth Club \_\_\_\_\_

Other \_\_\_\_\_

**Please contact me:** Name \_\_\_\_\_

Daytime # \_\_\_\_\_

Evening # \_\_\_\_\_

The best day and time 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**