



Trinity Episcopal Church

36 MAIN STREET - NEWTOWN, CT 06470

Church School Registration 2022-2023

Please fill out one registration per family.

Last Name: _____

First Name(s):	Birthdate(s):	Grade(s):	Baptized (Y/N)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent(s) Name(s): _____

Address: _____

Telephone: _____ (home), _____ (cell)

Email: _____ Can we send you texts? Yes _____ No _____

Emergency Contact and Telephone: _____

Is there anything else you would like us to know about your child? Please include: allergies (food allergies on reverse side), special needs, health concerns, and/or learning disabilities.



-Please see reverse side-



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Food Allergies

During church activities your child will have the opportunity to eat food. If your child has any food allergies, please indicate them below.

My child _____, _____, _____, _____ has/have no food allergies.

My child _____, _____, _____, _____ has food allergies and cannot eat:

Photograph / Media Release

I give permission for my child(ren) to be:

_____ photographed during church activities.

_____ videotaped during church activities.

_____ My child(ren)'s image may appear in print or online promoting the church's activities, including the church's website, promotional brochures, worship presentations, the church's YouTube channel and the church's Facebook page.

I understand that my child(ren)'s name will not be used to identify my child(ren). This permission form will be kept on file and updated yearly. If I would like to withdraw my permission, I may do so at any time.

Parent/Guardian: _____ (printed)

Parent/Guardian: _____ (signature)

Date: _____



-Please see reverse side-