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## Trinity Church School Registration 2023-2024

*Please fill out one registration per family.*

Last Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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-