

Trinity United Church Sunday School Registration Form 2020-2021

Parent's/Guardian Name: _____
 Street Address: _____
 City: _____ Postal Code: _____
 Home Phone: _____ Cell: _____
 Email address: _____

Child's Name: _____	Child's Name: _____
Age: _____ Grade: _____	Age: _____ Grade: _____
Birth Date: _____	Birth Date: _____
Special Interests: _____	Special Interests: _____
_____	_____
Allergies: _____	Allergies: _____
_____	_____

Child's Name: _____	Child's Name: _____
Age: _____ Grade: _____	Age: _____ Grade: _____
Birth Date: _____	Birth Date: _____
Special Interests: _____	Special Interests: _____
_____	_____
Allergies: _____	Allergies: _____
_____	_____

- _____ I would like a visit from the minister
- _____ I would like information on baptism and or confirmation
- _____ I would like church envelopes. Please arrange for me through the office.
- _____ I would like information of PAR (the pre-authorized payment program)
- _____ I would like Sunday School envelopes.
- _____ I would like to help with Sunday School: ___ teach ___ substitute teach
- _____ I would like to help with Christian Education Programs ie special dinners/fund raisers
- _____ I can help with mid-week groups. My preference is _____

Photographic/Media Consent Form

I hereby consent to the collection and use of my child's/children's personal images by photography or video recording. I acknowledge these may be used on Trinity's video screens, website, in newsletters and publications as well as distributed to members. I understand that no personal information, such as names, will be used in any publications unless express consent is given. I also understand that my consent can be withdrawn at anytime.

Child/Children's name(s)	<u>Parent/Guardian</u> Signature	Date
_____	_____	_____

Special Concerns

At Trinity, the safety and well-being of your child is a major concern. All information is confidential and will be shared with the classroom teacher only if it pertains. If your concern is more than what is listed on the front of this registration form, please use this section to elaborate.

Name of Child(ren): _____

Allergies

Environmental Allergies: _____

Food Allergies: _____

Craft Material Allergies: _____

Physical Limitations

Motor Skill Difficulties: _____

Hearing: _____ Speech: _____

Visions: _____

Learning Difficulties

Attention Deficit/Hyperactivity (ADHD): _____

Dyslexia: _____

Other: _____

Medications or Other Concerns

Is your child taking any medications we should know about/other concerns:
