

Trinity Lutheran Church - 1790 Scribner Street - Spooner, WI 64801 - 715 635-3603

### **Sunday School 2016-2017 Registration Form**

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade in 2015-2016 \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Best number to contact you at during the day \_\_\_\_\_

Email Address that you use regularly \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency contact Phone \_\_\_\_\_

I give permission for my child, named above, to participate in all Sunday School activities. I understand that these activities will always be supervised by at least one adult. I also give my permission for any supervising adult to seek immediate, medical treatment for my child in the event of an emergency.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Please Print Name

Return the completed form:

- Drop it off at the Church Office
- Mail it to us
- If you have a scanner attached to your PC, scan the document, attach it to an email message and send it to us at [trinluth@centurytel.net](mailto:trinluth@centurytel.net)