

Trumbull Congregational Church Sunday School Registration Form 2018-2019

Child's Name: _____ DOB: ___ / ___ / _____

Age: _____ School Attending: _____ Grade: _____

Address: _____

Parent/ Guardian Name: _____

Phone: (h) _____ (c) _____

E-mail: _____

Allergies / Dietary / Medical Concerns: _____

____ I Give permission for photographs/video of my child to be published on the church's website / social media / promotional media.

____ I would like to volunteer to help with Sunday School or related activities.

Parent /Guardian Signature: _____ Date: _____