REGISTRATION FORM

Trinity Lutheran Church- PO Box 768 / 13025 Newell Ave / Lindstrom MN

www.trinitylindstrom.org / 651-257-5129 x5

for 2nd Grade– 5th Grade

Wednesdays 2026/2027 from 3:45-5:45

CHILD's NAME_____

First ***Middle*** ***Last***

Grade your child will be **going into this fall**:

2nd **3rd** **4th** **5th**

Please list any allergies or medical/dietary needs:

_____

CHILD's NAME_____

First ***Middle*** ***Last***

Grade your child will be **going into this fall**:

2nd **3rd** **4th** **5th**

Please list any allergies or medical/dietary needs:

_____

CHILD's NAME_____

First ***Middle*** ***Last***

Grade your child will be **going into this fall**:

2nd **3rd** **4th** **5th**

Please list any allergies or medical/dietary needs:

_____

We will be picking up your child in the Church van from Lakeside. Questions ask Kellye

REGISTRATION FEE:

Registration Fee: $30 per child

Please submit payment before your child's first Wednesday of God's CREW class. Registration remains open throughout the year, and new students are always welcome!

☐Cash **☐Check #_____** **☐Paid Online (if applicable)**

Parent/Guardian Name _____

Address _____ **City**_____

Phone(s): _____ _____

Household e-mail address: _____

Fill out only if there is a second household:

Parent/Guardian Name _____

Address _____ **City**_____

Phone(s): _____

Household e-mail address: _____

Circle One: We are Members of Trinity ✦ We are Non-Members

CONSENT FORM:

I hereby give my consent to have my minor child/ren participate in the 2026-2027 God's Crew Program at Trinity Lutheran Church.

I recognize that engaging in the activities at Trinity Lutheran Church may expose my child/ren to the possibility of physical injury. I hereby release and agree to hold harmless Trinity Lutheran Church and its employees, organizers, and any volunteers assisting in the program, from any and all liability and claims arising out of my child/ren's participation in programs and related activities.

In case of emergency, where I cannot be reached, I hereby authorize Trinity Lutheran Church to administer necessary first aid or seek emergency medical attention for my child.

I give my permission for my child/ren to be photographed/videotaped. I understand that the images may be displayed in church publications, church building, website and/or social media. I understand that as a precaution, my child/ren's names will NOT be published or linked with photographs.

_____ _____

Signature of Parent/Guardian **Date**

Friends are welcome! Please refer them to our website.

www.trinitylindstrom.org