SUNDAY SCHOOL REGISTRATION FORM

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

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

for Preschool– 5th graders

Please Note: All children attending Sunday School should be 3 years old by Sept. 1.

CHILD's NAME____

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

Birth date ________________ **Baptized? Yes** _____**No**______ **Date** (*If new to Trinity*) ____________

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

3 yr. old **4 yr. old** **Kindergarten** **1st** **2nd** **3rd** **4th** **5th**

Please list any allergies or medical/dietary needs:

____

CHILD's NAME____

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

Birth date ________________ **Baptized? Yes** _____**No**______ **Date** (*If new to Trinity*) ____________

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CHILD's NAME____

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

Birth date ________________ **Baptized? Yes** _____**No**______ **Date** (*If new to Trinity*) ____________

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

3 yr. old **4 yr. old** **Kindergarten** **1st** **2nd** **3rd** **4th** **5th**

Please list any allergies or medical/dietary needs:

____

To help us update our records, please list all children in your household who are ***NOT* of Sunday School age** (ages 0 - 3 years or in 6th - 12th grade):

Name	Birth Date	Grade	Baptized?

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 Sunday School 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