

Trinity Episcopal Church
WoRM Registration
2008-2009 School Year



Family Information

Parent's Names: _____

Address: _____

Town, State and ZIP: _____

Telephone Number: _____

E-Mail Address: _____

Name of person (other than parents) who may take child(ren) to Church:

Student Information

Name: _____

Age: _____

Birth Date: _____

School: _____

Grade: _____

Has child been baptized?

Yes _____

No (Enter Church & Year) _____

Does child have any special needs we should know about?

Does child play a musical instrument? If so, which?

Student Information

Name: _____

Age: _____

Birth Date: _____

School: _____

Grade: _____

Has child been baptized?

Yes _____

No (Enter Church & Year) _____

Does child have any special needs we should know about?

Does child play a musical instrument? If so, which?

Return this form to Trinity Church, 17 Congress Street, Milford, MA 01757.