

Trinity Episcopal Church

**Sunday School Registration
2011-2012 School Year**

~ Please Complete Front and Back Side ~

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?

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?

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

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?

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?

Sunday School Covenant:

As the leaders and teachers of the Sunday School program at Trinity, we commit to provide a fun, safe, Christian learning environment for your child.

As the parent of a Sunday School participant, you commit to have your child at Trinity each Sunday, ready for the start of class at 9:45am.

If your child cannot be present on a given Sunday, you commit letting us know, by sending an email to SundaySchool@TrinityChurchMilford.org

As a WoRM participant, each child commits to participate in class, be respectful of fellow students and teachers, and most importantly, to have fun

Mary Beth, Steve and Mary Ellen

Sunday School Leaders

Parent

Student

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