

Trinity Episcopal Church

Sunday School Registration

2015-2016 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 to letting us know, by sending an email to SundaySchool@TrinityChurchMilford.org

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

**MARYBETH, STEVE &
MARY-ELLEN**

Sunday School Leaders

Parent

Student

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