

Trinity Episcopal Church

Sunday School Registration Form 2018-2019 School Year

FAMILY INFORMATION	
Parent's Name(s)	
Address	
Town, State and ZIP	
Telephone Number	
E-mail Address	
Name of person (other than parents) who may take child(ren) to Church	

Your involvement as a parent, guardian, or grandparent is vital. To implement an effective program with children grouped appropriately by age, we will need a minimum of four to six adults present every Sunday. As part of the registration process **please indicate the 6 Sundays that you will be present to assist** (i.e. helping a teacher implement a prepared lesson plan) on the following link:

<https://tinyurl.com/TrinitySSHelpers>

	Child 1	Child 2	Child 3
Name			
Age			
Birth Date			
School /Grade			
Has your child been baptized? (Enter Church/Year)			
Allergies?			
Does child have any special needs we should know about?			

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

If you have any questions please contact Lisa Ruggiero at lmruggiero4@verizon.net