

Trinity Episcopal Church

Sunday School Registration

Student's Name _____

Age _____ Grade _____ Nickname _____

Parents or Guardians:

#1 _____

Phone Number _____ Email _____

#2 _____

Phone Number _____ Email _____

Emergency Contact:

Name _____ Phone # _____

Allergies _____

I hereby **grant** / **do not grant** (circle choice) to Trinity Episcopal Church the right to photograph my child for church publications. Pictures of youth **will never be tagged** by full name.

Parents or Guardian's Signature _____

Notes: