

**Registration for Trinity Church School Programming  
2017/2018**

**PLEASE PRINT**

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

e-mail: \_\_\_\_\_ School Grade: \_\_\_\_\_

Names & Ages of Other Children in Family: \_\_\_\_\_

Conditions or allergies that may restrict activity or require special attention: \_\_\_\_\_

Any other pertinent information: \_\_\_\_\_

**PHOTO RELEASE:**

I give permission for photos or videos of my child during church school events to be used by the church in the newsletter, church website, local newspaper, or any other official church publication or advertising. Trinity United Church is not responsible for monitoring photographs or recordings by other parties.

\_\_\_\_\_ **I give** my permission

\_\_\_\_\_ **I do not give** my permission

**PERMISSION FOR TRIPS OUTSIDE THIS BUILDING:**

\_\_\_\_\_ **I give** my permission

\_\_\_\_\_ **I do not give** my permission

\_\_\_\_\_  
(Signature of Parent or Guardian)