

# Registration for Trinity Church School Programming

2018/2019

PLEASE PRINT

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

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

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

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

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

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

Email: \_\_\_\_\_ School Grade: \_\_\_\_\_

Names and 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 church publication or advertising. Trinity United Church is not responsible for monitoring photographs or recording 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)