

HOLY TRINITY LUTHERAN CHURCH, STUDENT INFORMATION 2019-2020

(Note: please fill out one form for each child)

NAME (last): _____ **(first):** _____ **BIRTHDATE:** _____

GRADE in School: _____

Parent/Guardian Name: _____

Baptismal Date: _____ **Church:** _____ **Town:** _____

Mailing Address: _____ **Town:** _____ **Zip:** _____

Telephone #: _____ **Cell #:** _____

Email Address: _____

Emergency Contact (if different from above) Name/Telephone: _____

Medical concerns/Allergies: _____

Siblings/Grades: _____

Is child involved in Sunday morning activities? Please describe:

Dismissal Procedure: PLEASE CHECK ONE

____ Parent/Guardian/older sibling will pick child up at 11:30 a.m. at classroom door

____ My child has permission to leave the classroom on his/her own at 11:30 (3rd grade & older ONLY)

Due to our Sunday School enrollment, some classes have only one adult in the classroom.

Parent/Guardian Signature: _____ **Date** _____