



# Trinity Sunday School Family Registration Form

SUNDAY SCHOOL RETURNS  
**September 11th @ 9:45am**

**Parent Name:** \_\_\_\_\_

Parent Phone No: \_\_\_\_\_

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

**Parent Name:** \_\_\_\_\_

Parent Phone No: \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_

## CHILDREN:

Name (Nickname): \_\_\_\_\_

D.O.B. \_\_\_\_\_ School Grade: \_\_\_\_\_

Allergies?

Name (Nickname): \_\_\_\_\_

D.O.B. \_\_\_\_\_ School Grade: \_\_\_\_\_

Allergies?

Name (Nickname): \_\_\_\_\_

D.O.B. \_\_\_\_\_ School Grade: \_\_\_\_\_

Allergies?

Name (Nickname): \_\_\_\_\_

D.O.B. \_\_\_\_\_ School Grade: \_\_\_\_\_

Allergies?

Please return forms to the church office or  
[sundayschool@trinityepiscopalchurch.org](mailto:sundayschool@trinityepiscopalchurch.org)