

SUNDAY SCHOOL REGISTRATION
TRINITY LUTHERAN CHURCH
Join us at Sunday School
2015-2016



NAME _____ Birthdate _____ Grade ___ M ___ F ___ Baptism date _____
_____ M ___ F ___
_____ M ___ F ___

Address: _____ Phone: _____

Cell phone _____ E-MAIL ADDRESS _____

Parent's Signature: _____

I would be willing to:
TEACH _____ GRADE _____
SUBSTITUTE _____ GRADE _____
HELPER _____ GRADE _____

SIGNED _____