

**SUNDAY SCHOOL REGISTRATION**  
TRINITY LUTHERAN CHURCH  
Join us at Sunday School  
**2017-2018**



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 \_\_\_\_\_