Staff use: [Date form	received	



Sunday School K-5 Registration Form

Trinity Presbyterian Church

Our goal is to provide a safe, comfortable place for children to learn about God, ask questions, and ponder their faith.

Child's Information:

Name				
First	Last	Name	child is used to being called	
Child's mailing addre	?SS			
City		State	Zip	
Birthdatemm/dd/y	Age	Primary La	nguage	
What medical needs	, allergies, or specia	al instructions do	you have for this child?)
Siblings with the sam	ne information:			
Parent or Caregiver	Information:			
Your Name				
Relationship to child				
Your phone number	_(ok to t	ext? Yes or no	
Your email address _				
If you are not the ch	ild's parent, what in	nformation can y	ou provide?	
Parent(s) name(s)				
Parent phone number	er _()	ok to	text? Yes or no	
Parent email address	s			
Please see the reverse si	de for liability and pho	oto release informa	tion.	

Staff use: Date form received	
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Trinity Presbyterian Church Photo Release Form

Date: Subject name: Print)	(Please			
, hereby give <u>Trinity Presbyterian Church of West Sacramento</u> e right and permission to publish photographs or videos of the above individual.				
In giving my consent, I hereby release and hold harmless <u>Trinity Presbyte</u> <u>Sacramento</u> , their offices, employees/volunteers, agents and designees for liability.				
understand my photograph (in digital format) along with this release fo Park Blvd, West Sacramento, California, 95691.	rm will be maintained at <u>1500</u>			
understand that <u>Trinity Presbyterian Church of West Sacramento</u> has funderstand that <u>Trinity Presbyterian Church of West Sacramento</u> has fundered in print, electron website.	•			
have read this agreement and understand it.				
Signature	 Date			
Name:				
Relationship to subject 🗖 Self, 🗖 Parent, 🗖 Legal Guardian				
Address:	_			
Telephone:				
E-mail:				
Please return one signed copy to Trinity Presbyterian Church 1500 Park Blvd				

West Sacramento, CA 95691