Office Use Only

TRINITY PRESBYTERIAN CHURCH

Children's Ministries
Annual Family Registration Form 2009-10

Please fill out completely. *This form provides the Sunday school administration with important, up-to-date information regarding your child(ren), so that we can respond effectively in the event of an emergency. Please return the form to your child's Sunday school classroom or mail it to Trinity Presbyterian Church, Attn Children's Ministry, PO Box 5102, Charlottesville, VA 22905-5102.*

Mother's Full Name _____ **Father's Full Name** _____

Children come to TPC with (check one) ☐ **Both parents** ☐ **Mother** ☐ **Father** ☐ **Other** _____

Mailing Address _____
Street/PO Box City State Zip

Mother's Phone _____ **(h)** **Father's Phone (if different)** _____**(h)**

Primary Email *(we will send you pertinent information regarding Sunday school, Vacation Bible School and other Children's Ministry events, programs and announcements)*: _____

I am a ☐ **Member** ☐ **Regular Attender** ☐ **Out-of-town Visitor** ☐ **Visitor since** _____ **(approx. date)**

PARENT'S LOCATION DURING SUNDAY SCHOOL OR NURSERY:

VOLUNTEER in _____

ADULT SUNDAY SCHOOL (class): _____

OTHER _____

NURSERY & SUNDAY SCHOOL REGISTRATION (Infant through 5th Grade)

Please list each child who will be attending Sunday school or Nursery this year.

Class choices: Infant, Crawler, Walker, Beginner (2 years old by September 30), Pre-School (3 years old by September 30), Pre-Kindergarten (4 years old by September 30), Kindergarten, 1st, 2nd, 3rd, 4th or 5th Grade

First, Middle, Last & Nickname	Gender M or F	Birth Date (mm/dd/yyyy)	Grade	Special Needs/Allergies (continue on back if necessary)

• I have read and agree to help my children follow Trinity Presbyterian Church's *Guidelines for Children* while they are at church for any event.

• I am aware that my child(ren) may be photographed while on Trinity's grounds by Trinity staff/designee for the purpose of Sunday school/ nursery decoration. These photographs will <u>not</u> be used for any media purpose.

• In my absence, I give my permission for Trinity's children's leaders to dismiss my children into the care of those people (if any) listed below. ***Please list the names and relationships of anyone authorized to pick up for your child for you.***

☐ **PARENTS ONLY** ☐ **OTHERS (please list)** _____

_____

Signature of Parent or Guardian _____ **Date** _____

OFFICE USE ONLY ❑ ACS/people ❑ ACS/act ❑ Class List ❑ Attendance Sheet Initials _____

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