



Trinity Lutheran Church

**CHILDREN'S MINISTRY**

SHARING THE LOVE AND PROMISE OF GOD WITH KIDS AGE 3 YRS TO 6TH GRADE

**Trinity Lutheran Church | Children's Ministry Registration | 2024/2025** Thank you for completing this registration form for each of your children for the 2024/2025 school year. If you have any questions, now or at any time throughout the year, please contact **Alyssa Brockman at 262-343-5557 or [trinitywestbendcm@gmail.com](mailto:trinitywestbendcm@gmail.com)**.  
*Thank you for your prayers and support of our Children's Ministry program.*

**PARENT INFORMATION**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Accept TEXT MESSAGES \_\_\_\_YES \_\_\_\_NO

E-Mail: \_\_\_\_\_

**Are you currently a Trinity Lutheran Church Member?** \_\_\_\_YES \_\_\_\_NO

If no, are you interested in membership or information about the congregation? \_\_\_\_YES \_\_\_\_NO

**We ask that each family volunteer to teach a simple 3 week rotation.**

Please rate your preference of which class you'd like to teach. (1-5 with 1 being your most preferred)

See It \_\_\_\_ Tell It \_\_\_\_ Make It \_\_\_\_ Move It \_\_\_\_ Taste It \_\_\_\_

**CHILD INFORMATION**

Name : \_\_\_\_\_ Birthday: \_\_\_\_\_

Baptized: \_\_\_\_YES \_\_\_\_NO If yes, date of baptism: \_\_\_\_\_

Age: \_\_\_\_\_ Grade child is currently in: \_\_\_\_\_

Special needs/Allergies: \_\_\_\_\_

Name : \_\_\_\_\_ Birthday: \_\_\_\_\_

Baptized: \_\_\_\_YES \_\_\_\_NO If yes, date of baptism: \_\_\_\_\_

Age: \_\_\_\_\_ Grade child is currently in: \_\_\_\_\_

Special needs/Allergies: \_\_\_\_\_

Name : \_\_\_\_\_ Birthday: \_\_\_\_\_

Baptized: \_\_\_\_YES \_\_\_\_NO If yes, date of baptism: \_\_\_\_\_

Age: \_\_\_\_\_ Grade child is currently in: \_\_\_\_\_

Special needs/Allergies: \_\_\_\_\_

I GRANT permission for the proceeding student(s)' photo/image to be published in the church's website, newsletter, or other publications.

X \_\_\_\_\_ PARENT/GUARDIAN

**Please drop off completed form in the church office or mail to:**

TRINITY LUTHERAN CHILDREN'S MINISTRY | 140 N. 7th Avenue, West Bend, WI 53095

**REGISTRATIONS DUE BY: AUGUST 25th, 2024**