

REGISTRATION FORM

(One per child)

Child's name: _____

Child's age: _____ Date of birth: _____

Current school grade (24/25 school year): _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home telephone: (____) _____

Parent/caregiver's cellphone: (____) _____

Home email address: _____

Home church: _____

Fee

☐ \$20 one child

☐ \$30 family

Allergies, medical conditions, or special needs: _____

Incase of emergency, contact: _____

Phone: _____

Relationship to child: _____

PLEASE RETURN TO:
TRINITY LUTHERAN CHURCH
140 N. 7th AVE
WEST BEND, WI 53095

REGISTRATION FORMS ARE DUE NO LATER THAN MAY 31.