



Trinity LUTHERAN CHURCH  
**CHILDREN'S MINISTRY**  
SHARING THE LOVE AND PROMISE OF GOD WITH CHILDREN AGE 3 YRS - 6TH GRADE

**Trinity Lutheran Church | Children's Ministry Registration | 2025/2026** Thank you for completing this registration form for each of your children for the 2025/2026 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 24th, 2025**