



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 | 2026/2027 Thank you for completing this registration form for each of your children for the 2026/2027 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**.
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: _____ T-Shirt Size: _____

Special needs/Allergies: _____

Name : _____ Birthday: _____

Baptized: ____YES ____NO If yes, date of baptism: _____

Age: _____ Grade child is currently in: _____ T-Shirt Size: _____

Special needs/Allergies: _____

Name : _____ Birthday: _____

Baptized: ____YES ____NO If yes, date of baptism: _____

Age: _____ Grade child is currently in: _____ T-Shirt Size: _____

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: September 6, 2026