

Children's Ministry Registration Form
2025-2026 School Year

Parent Information

Parent/Guardian Name: _____

Address: _____ Phone: _____

Email: _____

Parent/Guardian Name: _____

Address: _____ Phone: _____

Email: _____

Student Information

Child's Name: _____ Grade: _____

Date of Birth: _____ Allergies/Other Concerns: _____

Child's Name: _____ Grade: _____

Date of Birth: _____ Allergies/Other Concerns: _____

Child's Name: _____ Grade: _____

Date of Birth: _____ Allergies/Other Concerns: _____

Child's Name: _____ Grade: _____

Date of Birth: _____ Allergies/Other Concerns: _____

I give permission for my child/children to participate in the Trinity Church United Methodist Sunday School programs. In case of emergency and I cannot be reached, I hereby authorize staff to administer necessary first aid or seek emergency medical attention.

Signature of Parent/Guardian: _____ Date: _____

I understand that throughout the year, photos may be taken to help us remember and celebrate the event. I hereby give permission for my child/children's photos to be used in church publications such as but not limited to the church newsletter, website and social media pages.

Signature of Parent/Guardian: _____ Date: _____