

TRINITY CHILDREN'S EDUCATION REGISTRATION

Child's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_

Zip: \_\_\_\_\_ Phone no. \_\_\_\_\_

Family email: \_\_\_\_\_

Child's Birth date: \_\_\_\_\_ Class: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ cell phone \_\_\_\_\_  
(include address and phone if different from the child's)

Name of Parent: \_\_\_\_\_ cell phone \_\_\_\_\_  
(include address and phone if different from the child's)

Present school attended: \_\_\_\_\_

All known allergies or medical conditions of which we should be aware: (explain)

Any known learning differences of which we should be aware? (explain)

I give permissions for my child to be photographed participating in Trinity events with the understanding that the photos will not be posted with my child's name beyond the parish without additional permission. In the event of an emergency, if I cannot be contacted, I hereby authorize emergency treatment to be administered.

Physician's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Medical Insurance and policy number: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_