



Trinity Episcopal Church
2014-2015 Christian Education Registration Form

Student Name: _____

Age: _____ Grade: _____ School attending: _____

_____ My Child will attend the Children's chapel at 9:00 am

_____ My child will attend Sunday School from 10:15 - 10:50 am

Parent's Name: _____

Address: _____

Email: _____

Phone number: _____

Food Allergies: _____

_____ Yes, I give my permission for my child to be photographed and used on the church website. Parent Signature _____

_____ No, I DO NOT want my child photographed.

I am interested in helping out in the following area:

- _____ Teaching Assistant
- _____ Special Events (Christmas Pageant, Picnic, Easter, etc)
- _____ Ministry/Outreach
- _____ donations for materials

Please place in the Sunday School Folder in the Communication Crate in the Parish Hall
or email to ivyhaglan@att.net

If you have any questions, please contact Leslie Haglan at 916-983-2397