



# Registration Form

(One Per Child)

June 10-14

9:00-11:45 a.m.

Child's name: \_\_\_\_\_

Child's gender: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_

Parent/caregiver's cellphone: (\_\_\_\_) \_\_\_\_\_

Home email address: \_\_\_\_\_

Home church: \_\_\_\_\_

Friend of \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_



Trinity Lutheran Church & School

11503 German Church Rd.

Burr Ridge, IL 60527

For more Information: Contact Rob Grady 708-839-1200 x 6