



# Welcome to Trinity

## Registration Form

Today's Date \_\_\_\_\_

**Please Print Clearly**

Family Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Anything Else You Would Like Us to Know? \_\_\_\_\_

Family Position	First Name	Last Name (if different)	Gender	Date of Birth mm/dd/yyyy	Grade	Allergies
Primary Contact			M F	N/A	N/A	N/A
Spouse			M F	N/A	N/A	N/A
My Child / Other			M F		I W 2s 3s 4s K 1 2 3 4 5	
My Child / Other			M F		I W 2s 3s 4s K 1 2 3 4 5	
My Child / Other			M F		I W 2s 3s 4s K 1 2 3 4 5	
My Child / Other			M F		I W 2s 3s 4s K 1 2 3 4 5	
My Child / Other			M F		I W 2s 3s 4s K 1 2 3 4 5	
My Child / Other			M F		I W 2s 3s 4s K 1 2 3 4 5	

Location of responsible adult (9:30 A.M.) \_\_\_\_\_ (11:00 A.M.) \_\_\_\_\_

Form Filled Out By (PRINT) \_\_\_\_\_ Emergency Number: \_\_\_\_\_