

**Trinity Lutheran Church**  
**Sunday School**  
**Child Information Sheet (one form per child, please)**

Name of child:

Age:                      Grade:

Name of Parents:

Address:

State, City and Zip:

Emergency Contact Phone #:

Email:

Birthday of Child:

Siblings:

Food Allergies: Yes/No – If yes please specify

Medical issues or Special Needs: Yes/No – If yes please specify

Photo Release: Yes/No

I hereby grant Trinity Lutheran Church permission to use photographs/videos taken at Sunday School of the minor above in any manner or form for any purpose lawful at any time.

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Parent Signature

Date