



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