

TRICON

2010-2011 REGISTRATION FORM

Date _____



Family's Last Name _____ Phone: _____ Email: _____

Parent/s Name/s _____ Address: _____

#1 Child's Name _____ Birth Date _____ Grade in Fall 2010 _____ Allergies, Medical Condition, and/or Learning Style _____

#2 Child's Name _____ Birth Date _____ Grade in Fall 2010 _____ Allergies, Medical Condition, and/or Learning Style _____

#3 Child's Name _____ Birth Date _____ Grade in Fall 2010 _____ Allergies, Medical Condition, and/or Learning Style _____

#4 Child's Name _____ Birth Date _____ Grade in Fall 2010 _____ Allergies, Medical Condition, and/or Learning Style _____

#5 Child's Name _____ Birth Date _____ Grade in Fall 2010 _____ Allergies, Medical Condition, and/or Learning Style: _____

Our Church School program is volunteer dependent and as such we rely on all families who register their children to support programming. Please contact Carrie O'Brien, Church School Director to find out what program support opportunities are available. Carrie can be reached at triconcob@aol.com or at 978-369-4837.

In the meantime, please return form to Carrie O'Brien, Trinitarian Congregational Church, 54 Walden Street, Concord, MA 01742.



The church occasionally uses photos of Church School children and youth (who are unidentified) on our website or other church publications or promotions. I understand that I need to notify Carrie O'Brien in writing if I do not want my child's photo used.