

TRINITY EPISCOPAL CHURCH

PO Box 127, Tariffville, CT 06081

CHURCH SCHOOL REGISTRATION FORM 2004-2005

PLEASE PRINT WHEN FILLING OUT ALL INFORMATION

CHILD'S
NAME _____ DOB _____ GRADE _____ AGE _____

Has child been baptized ___Y___N Has child been confirmed ___Y___N
Does child need training in Eucharist ___Y___N

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ADDRESS _____ TOWN _____ ZIP _____

PHONE NO. _____ PARENT'S NAME _____

EMAIL ADDRESS: _____

IS FAMILY NEW TO CHURCH? ___YES___ ___NO___

Please list any health problems that we should know about:

Any Comments or Suggestions:

If you would like to help out in anyway, please check one of the following:

Snack for classroom _____ Future Teacher _____ Teacher's Aide _____

Christmas Pageant _____ Substitute Teacher _____ Other _____