

WELCOME TO TRINITY!

FIRST TIME GUEST INFORMATION

PLEASE PRINT AND PROVIDE ALL INFORMATION REQUESTED BELOW.

PARENT INFO

MOTHER'S NAME _____
FATHER'S NAME _____
ADDRESS _____
CELL PHONE _____ HOME PHONE _____
EMAIL _____

ARE YOU INTERESTED IN MORE INFORMATION ABOUT
FAMILY AND CHILDREN'S PROGRAMS AT TRINITY?

YES

NO

FIRST CHILD

FIRST NAME _____
LAST NAME _____
MALE FEMALE
BIRTHDAY _____
GRADE (CURRENTLY ENROLLED OR JUST FINISHED)
K 1 2 3 4 5

SECOND CHILD

FIRST NAME _____
LAST NAME _____
MALE FEMALE
BIRTHDAY _____
GRADE (CURRENTLY ENROLLED OR JUST FINISHED)
K 1 2 3 4 5

THIRD CHILD

FIRST NAME _____
LAST NAME _____
MALE FEMALE
BIRTHDAY _____
GRADE (CURRENTLY ENROLLED OR JUST FINISHED)
K 1 2 3 4 5

FOURTH CHILD

FIRST NAME _____
LAST NAME _____
MALE FEMALE
BIRTHDAY _____
GRADE (CURRENTLY ENROLLED OR JUST FINISHED)
K 1 2 3 4 5

MORE THAN
FOUR KIDS?
PRINT
ANOTHER
FORM!

TRINITYKIDS TEAM USE ONLY

TODAY'S DATE _____
9:30AM 10:30AM
DATE ENTERED IN SYSTEM _____