

# SUMMER FUN REGISTRATION FORM

TRINITY LUTHERAN CHURCH

764 W. Henderson Ave. Porterville, CA 93257 (559) 784-4202



Please Print in Black or Blue Ink

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

School \_\_\_\_\_ Grade (going into) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Church (if any) \_\_\_\_\_

Boy	Girl	Birthdate	Birthplace
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Father's Name

Mother's Name

Father in Home 

Yes	No
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Mother in Home 

Yes	No	No
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Father's Workplace \_\_\_\_\_

Mother's Workplace \_\_\_\_\_

Father's Workphone \_\_\_\_\_

Mother's Workphone \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Workphone \_\_\_\_\_

(If Different Than Parents)

## HEALTH INFORMATION

Is your child allergic to any insect, food or drugs? 

Yes	No
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If Yes, please explain \_\_\_\_\_

Does your child have any chronic health problems? 

Yes	No
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If Yes, please explain \_\_\_\_\_

**In case of serious injury or illness and I cannot be reached, I authorize Trinity Lutheran Church representatives to consent to treatment for my child as specified in the signed "Consent to Treatment of a Minor" form.**

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

