



Registration Form

Student's Name _____

Address _____

School _____ School phone _____

Grade _____ Teacher _____

Student's Mother/Guardian: _____

Address _____

Home phone _____ Cell phone _____

Student's Father/Guardian: _____

Address _____

Home phone _____ Cell phone _____

Emergency Contact persons (please provide two)

1. _____ Phone _____

2. _____ Phone _____

Allergies _____

Enrollment in the Beacon program signifies that you give permission for your child's photograph to be used in publications and on Trinity's website.

Parent/Guardian Signature _____

For further information, call Program Coordinator, Amie Spieldenner at (419)651-1607.

Please return this form AS SOON AS POSSIBLE to: Trinity Lutheran Church

508 Center Street
Ashland, OH 44805

