



Trinity Episcopal Church

124 River Road
Topsfield, MA 01983

www.TrinityTopsfield.org

Phone 978-887-5570
Fax 978-887-3977

Teen Program Registration – 2007-2008

Teen's Full Name (include nickname) Age today Date of Birth

Grade in School Name of School

Teen's email address

Baptized? Yes No Denomination of Baptism _____

Confirmed? Yes No Denomination of Confirmation _____

Teen's Hobbies/Interests (including musical instruments)

Special needs or considerations?

Allergies or health concerns?

Siblings and their ages

Parent/Guardian #1 Full Name

Parent/Guardian #2 Full Name

Street Address

City and Zip

Parent/Guardian #1 Phone numbers (please list home, cell, work)

Parent/Guardian #2 Phone numbers (please list home, cell, work)

Parent/Guardian #1 email

Parent/Guardian #2 email

Preferred parent to contact first Parent #1 Parent #2 Either/doesn't matter