Trinity Lutheran Christian Preschool Registration 2011-2012

Child's Name _____ Birth Date _____ M ____ F ____
First Middle Last

Name Child Uses _____

Address _____
Street City State Zip Code

Home Phone # _____ Cell Phone #_____
(Area code)

Mother's Name _____ Phone # _____
(Area code)

Address _____
Street City State Zip Code

Employment _____ Phone # _____
(Area code)

Father's Name _____ Phone # _____
(Area code)

Address _____
Street City State Zip Code

Employment _____ Phone # _____
(Area code)

Please Check One:

_____Child or sibling of a child currently enrolled in TLCP (**Enrollment begins Monday, February 21, 2011**)
_____Trinity Lutheran Church Member (parent or grandparent) or child of family previously affiliated with TLCP. (**Enrollment begins Monday, February 28, 2011**)
_____Open registration (**Enrollment begins Friday, March, 4, 2011 and continues until classes are full**)
After above dates registrations will be on a first-come, first-served basis throughout the school year.

Class Enrollment Preference: (choose one)

_____ 2 days – Tuesday and Thursday (3's & young 4's)	9-11:30 a.m.	$78/mo.
_____ 3 days – Monday, Wednesday, Friday (4's & young 5's)	9-11:30 a.m.	$88/mo.
_____ 4 days – Monday, Tuesday, Wednesday, Thursday (older four and five-year-olds)	12:30-3:00 p.m.	$98/mo.

A non-refundable fee of $35.00 must accompany this form. (The fee is returned if there is not an opening.)

*Does your child have any special physical or emotional characteristics that we should know about? Please explain:

*Church Membership: Trinity _____ Another Church _____ Non Affiliated _____
Name

_____ _____
Date Parent's Signature

For school use only:
Enrollment recorded _____ _____ _____ _____
Date Amt. Pd. Check # Received By