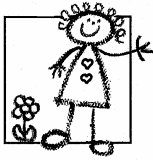
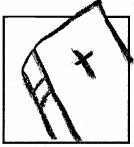


Trinity
Lutheran
Christian
Child Care

508 Center Street
Ashland, OH 44805
(419) 289-2126
Fax: (419) 289-1381
<http://www.trinityashland.org>



REGISTRATION

Date _____ Date of Admission _____

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

Name Child Uses _____

Address _____
Street City State Zip Code

Home Phone Number _____
(Area Code)

Mother's Name _____ Phone Number _____

Address _____
Street City State Zip Code

Employment _____ Phone Number _____

Email _____

Father's Name _____ Phone Number _____

Address _____
Street City State Zip Code

Employment _____ Phone Number _____

Email _____

Class Enrollment Preference: (choose one)

- _____ Infant Room (6 weeks – 18 months)
- _____ Toddler Room (18 months – 3 years)
- _____ Preschool Rooms (3 years – 5 years)
- _____ Before School Only (5 years – 12 years)
- _____ After School Only (5 years – 12 years)
- _____ Before *and* After School (5 years – 12 years)
- _____ School Age – Summer (completed Kindergarten – 12 years)

A non-refundable fee of \$45.00 will be required when a place becomes available.

What is the best way to contact you? (ex. Work, cell, email)

Church Membership: Trinity_____ Another Church_____ Non Affiliated_____
Name

How did you learn about Trinity Lutheran Christian Child Care?

Does your child have any special physical or emotional characteristics that we should know about? Yes_____ No_____ If yes, please explain_____

If your child is a school age child are they still required to ride in a booster seat according to the new law passed in 2009? (Child must be 4'9" or 8 years of age)

Yes_____ No_____

Parent's Signature

Date

For School use only:

Enrollment recorded _____
Date Amt. Pd. Check # Received By