



Trinity Lutheran Early Childhood Education
Pre-Kindergarten Enrollment Form - 4 Year Old Program

Child's Full Name Birthdate

Sex: Male Female Name to be used at school

Address City Zip Code

Home Phone Number Child Lives with

Any Health Concerns: Born premature?

Siblings (Names & Ages)

Baptized: YES NO Baptismal Date (Month, Day, Year)

Family's Church Membership

Father's Name Father's Cell Phone Number

Father's Email Address

Mother's Name Mother's Cell Phone Number

Mother's Email Address

Please indicate class preference: 5-day session 8:00 - 11 am Monday-Friday
3-day session 11:45 - 2:45 p.m. Monday, Wednesday, Friday

Will your child participate in Extended Day Opportunities? Yes No Maybe
(Extended Day Hours are 6:45 am - 8:00 am and/or 10:45 am - 5:30 pm at an additional fee.)

Were you referred to Trinity Lutheran Early Childhood Program? YES NO

If yes, please give the family name

Parent/Guardian Signature Date

*A non-refundable REGISTRATION FEE of \$100 must accompany this form.

Do not fill in--Office use only--

\$100 Registration Fee: Cash Check #

Date arrived: #