



Trinity Lutheran Early Childhood Education
Pre-Kindergarten Registration 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:

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 - 11:00 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

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 \$75 must accompany this form.

Do not fill in--Office use only--

\$75 Registration Fee: Cash Check #

Date arrived: #

Trinity Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and athletic and other school-administered programs.