



Trinity Lutheran Church Preschool  
2017-2018 REGISTRATION FORM

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary language (spoken at home) \_\_\_\_\_

Name used at home: \_\_\_\_\_ Name to be used at school: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Father's Employer \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Our church home is: \_\_\_\_\_ Are you looking for a church home? Yes No Maybe

Does your child have any health issues or allergies? \_\_\_\_\_ If so, explain: \_\_\_\_\_

Other Children in Family: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

How can we help with specific goals for your child? \_\_\_\_\_

Are there any areas of life with your child with which you would like guidance or help?

Is there any additional family information that would be useful for us to know in working with your child?  
(e.g., grandparent in the home, sibling expected, recent relocation/move, etc.)

How did you hear about TLC Preschool? (Please check ALL that apply)

Roadside sign  Internet Search  Referral  Postcard  Facebook  Church  Other

\*If TLC was recommended to you, who may we thank for the referral?

# 2017-2018 ENROLLMENT FORM

**Note: Your child must be the noted age below by September 30, 2017**

_____ 2 year old class	Toddler Class 8:30 am-12:30 pm	Tuesday & Thursday
_____ 2 ½ year old class	Toddler Class 8:30 am-12:30 pm	Monday, Wednesday & Friday
_____ 3 year old class	Preschool 8:30 am-12:30 pm	Monday, Wednesday & Friday
_____ 3 year old class	Preschool 8:30 am-12:30 pm	Monday through Friday
_____ 4 year old class	Pre-Kindergarten 8:30 am-12:30 pm	Monday, Wednesday & Friday
_____ 4 year old class	Pre-Kindergarten 8:30 am-12:30 pm	Monday through Friday
_____ 2.5-5 years of age	<i>Lunch Bunch</i> 12:30 pm – 2:00 pm	Monday, Wednesday & Friday
_____ 2.5-5 years of age	<i>Lunch Bunch</i> 12:30 pm – 2:00 pm	Monday through Friday

\_\_\_\_\_ *Enclosed is my non-refundable registration fee accompanies this Registration Form. (\$100.00)*

## TRINITY LUTHERAN CHURCH PRESCHOOL PERMISSIONS

I do\_\_\_ do not\_\_\_ authorize the use of my child's photograph in any preschool publications and on its website. I understand that I will be provided an opportunity to preview the use of any photos before they are published.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I do\_\_\_ do not\_\_\_ authorize the distribution of my contact information to other parents of children enrolled in TLC Preschool. I understand that my contact information will NOT be given out for commercial purposes.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I do\_\_\_ do not\_\_\_ authorize the use of my child's photograph on the TLC Preschool Facebook page.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Virginia State Law requires that all children under the age of eight be buckled into a safety seat. It is ultimately the responsibility of each child's parents to buckle the child into his seat as he leaves school in the carpool line. The director and staff of TLC Preschool are available to help, as we walk the children to the cars each day. By signing below, you are giving the staff of TLC Preschool permission to buckle your child into his safety seat or car safety belt.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please deliver, mail or email this form to:**

TLC Preschool  
2315 North Parham Road  
Richmond, VA 23229

Email: [tlcrvapreschool@gmail.com](mailto:tlcrvapreschool@gmail.com)

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### OFFICE USE ONLY – IDENTITY VERIFICATION

**Place of Birth:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Email Entered:** \_\_\_\_\_  
**Birth Certificate Number:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_