



**TRINITY LUTHERAN CHURCH PRESCHOOL
REGISTRATION FORM
2016-2017**

Child's First Name: _____ Last Name: _____

Sex: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Cell: _____ E-mail: _____

Date of Birth: _____

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: _____ We are looking for a church home _____

What can we (preschool/church) do to fulfill your needs? _____

Other Children in Family: Name: _____ Age: _____

Name: _____ Age: _____

Does your child have any health problems or allergies? _____ If so, explain: _____

I would like to enroll my child in the following class:

_____ 2 ½ year old class - Tuesday & Thursday

_____ 3 year old class - Monday, Wednesday & Friday

_____ 3 year old class - Monday through Friday

_____ 4 year old class - Monday, Wednesday & Friday

_____ 4 year old class - Monday through Friday

My non-refundable registration fee accompanies this Registration Form. (\$100.00)

Parent's Signature: _____ Date: _____

OFFICE USE ONLY – IDENTITY VERIFICATION

Place of Birth: _____ **Birth Date:** _____ **Email Entered:** _____

Birth Certificate Number: _____ **Date Issued:** _____