

TRINITY LUTHERAN CHURCH PRE-SCHOOL/PRE-KINDERGARTEN
REGISTRATION FORM 2024-2025

Child's Name: _____

Child's Nickname _____ Male or Female

Father's Name: _____

Father's Occupation: _____

Mother's Name: _____

Mother's Occupation: _____

Complete Address: _____
(Street and House No.)

(City/Town) (State) (Zip Code)

Child's Birth Date: _____ Sex: M F
(Month) (Day) (Year)

Phone Number (best number to reach you): _____

Church Affiliation: _____

E-Mail Address: _____ (used for mailing PreSchool updates)

List names and birth dates of other children:

<u>Name</u>	<u>Birth Date</u>
_____	_____
_____	_____
_____	_____
_____	_____

Has your child had any previous formal group experience? Yes _____ No _____

If so, what, when and where? _____

Registered for: **3 DAY** **3's AM** **4 Day 4's AM** _____

5 DAY **(4/5 year olds)** _____ **AM**

There may be occasions when we feel a certain child would succeed better if placed in a different class. We

reserve the right to suggest a change in sessions if we feel it would benefit your child.

Any behavior problems? _____

Any early intervention support services received or screened for? _____

Does your child have an IEP? _____

Any medical instructions? _____

Any allergies, food or otherwise? _____

How does your child react to new situations? _____

Children are often troubled by unusual circumstances arising at home (parent in hospital, death in the family, emotional problems, etc.). When these occur, we would appreciate being informed so that we can better understand their feelings and help them during difficult times.

Photo Release Form

I hereby grant permission for my child to be photographed in conjunction with Trinity Lutheran Church Pre-School activities and curriculum. I understand that these photographs may appear in Trinity Publications and social media such as Facebook and Instagram.

Signature of Parent (s)/Guardian

Date

Understandings

I understand ALL registration money is non-refundable. Initial _____

I understand that my child must be toilet trained by the first day of class to be admitted. Initial _____

I understand tuition is due the first of the month. If tuition is over 30 days late child will not be admitted to class. Initial _____