

TRINITY LUTHERAN 3 YR OLD *PRE-SCHOOL* REGISTRATION FORM

For office use only: Date _____
Ck # _____ Amt _____

Child's full name _____ M _____ F _____

Address _____ City _____ State _____ Zip _____

Family E-mail Address _____

Telephone number (____) _____ Name you would like us to call your child _____

Handed: Right _____ Left _____ Both _____ Birthdate ____/____/____ Adopted _____ Premature _____

Does child attend church regularly? _____ If yes, where? _____

Does child attend Sunday School regularly? _____ If yes, where? _____

Is your child baptized or dedicated? No _____ Yes _____ Date ____/____/____

With whom does the child live? Both parents _____ Mother _____ Father _____

Marital status of parents: Married _____ Divorced _____ Separated _____

Mother's Name _____ Home Telephone _____
 CHECK HERE IF ADDRESS IS THE SAME AS THE STUDENT
 Address _____ City _____ State _____ Zip _____
 Social Security Number _____
 Employer _____ Work Phone _____
 Occupation/Professional Background _____
 Mother's Church Membership _____

Father's Name _____ Home Telephone _____
 CHECK HERE IF ADDRESS IS THE SAME AS THE STUDENT
 Address _____ City _____ State _____ Zip _____
 Social Security Number _____
 Employer _____ Work Phone _____
 Occupation/Professional Background _____
 Father's Church Membership _____

List brothers & sisters of the pupil: (Names & ages please)

Please prioritize below your choice of class assignments (#1- first choice, #2- second choice, #3- third choice)

_____ Mon/Wed AM
9:00-11:15

_____ Mon/Wed PM
12:45-3:00

_____ Tue/Thurs AM
9:00-11:15

_____ Tue/Thurs PM
12:45-3:00

(OVER)

Describe your child's personality. _____

Does your child have any unusual difficulties? Explain. _____

Does your child have any unusual fears? Explain. _____

Do you feel your child has a speech problem? Explain. _____

List methods of discipline you have found to be most effective with your child:

Has your child attended a day care center or nursery school? _____

If yes, where? _____ How many years? _____

Does your child have playmates? _____ What ages? _____

Is your child fully potty trained? _____

How does your child react to being left with sitters or separating in general from parents? _____

What would you like your child to gain from the Trinity Pre-School experience? _____

Talents or occupations that parents, grandparents, etc. might share with class:

Artist _____ Pianist _____ Other _____

Local field trip ideas for our class _____

Other information you would like to share with the teacher...

By signing this enrollment form:

You, as the signing parent, are personally accepting the responsibility for the timely and full payment of all fees and tuition for your child. If someone other than you is responsible for payment of all or any part of the fees or tuition for this child, then it is your responsibility to make arrangements, in advance, acceptable to the school before you will be released from personal liability for this obligation. Upon withdrawal from enrollment, all student records will remain in possession of the school until such time as the responsible party has paid total tuition & fees in full. In addition, you are agreeing to pay any expense incurred by the school for collection of your delinquent tuition &/or fees.

You give Trinity Lutheran School the perpetual, royalty-free right to use the above named child's photo(s) with other photos or text in Trinity publications. These publications have a large audience and your child's photo will be available to the public generally. Trinity assumes no liability or responsibility whatsoever concerning any consequences of such use.

Parent Signature _____

Date _____