

**TRINITY LUTHERAN 4-YEAR OLD *PRE-KINDERGARTEN* REGISTRATION FORM**

Child's Full Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Parent's e-mail address \_\_\_\_\_

What name would you like us to call your child? \_\_\_\_\_ Handed: Right \_\_\_ Left \_\_\_ Both \_\_\_

Date of Birth: \_\_\_\_\_ Adopted? \_\_\_\_\_ Premature? \_\_\_\_\_

Where does the family attend church? \_\_\_\_\_

Does Child attend Sunday School regularly? \_\_\_\_\_

Is your child baptized or dedicated? No \_\_\_\_\_ Yes \_\_\_\_\_ Date: \_\_\_\_\_

Marital status of parents: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

With whom does the child live? Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Telephone \_\_\_\_\_

Check here if address and phone are the same as the student

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Occupation/Professional Background \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Telephone \_\_\_\_\_

Check here if address and phone are the same as the student

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Occupation/Professional Background \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

<b>THREE-DAY A WEEK PROGRAM</b>
_____ Mon/Weds/Fri AM (9:00-11:15 am)
_____ Mon/Weds/Fri PM (12:45-3:00 pm)

<b>TWO-DAY A WEEK PROGRAM*</b>
_____ Tues/Thurs. AM (9:00-11:15 am)
_____ Tues/Thurs. PM (12:45-3:00 pm)

(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? \_\_\_\_\_

What would you like your child to gain from the Trinity Pre-Kindergarten experience? \_\_\_\_\_

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

Artist \_\_\_\_\_ Pianist \_\_\_\_\_ Other \_\_\_\_\_

Local field trip ideas for our preschoolers \_\_\_\_\_

\*If assigned to the Tues/Thursday class, would you be interested in an additional Friday morning class if offered? Y or N  
(circle one)

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. By signing this document, you also warrant and admit liability for any and all expenses incurred by the school, including but not limited to filing and legal fees, which may be required in order to collect delinquent or unpaid 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 \_\_\_\_\_