

Trinity Lutheran Preschool

Registration Form

2019-2020 School Year

Date: _____

Enrolling child for: _____ 3 yr old class (Mon. & Wed. a.m.)
(please check one) _____ 4 yr old class (Mon. Wed. & Fri. a.m.)
\$75 enrollment fee due with enrollment form. (\$50 of \$75 will be refunded with first month's tuition.)

Child's Full Name _____

Male _____ Female _____ Date of Birth _____ Age _____

Trinity Lutheran Church Preschool is open to all children regardless of religious affiliation. Please complete the following:

_____ Attend or a member of Trinity Lutheran Church

_____ Attend or a member of _____

_____ Currently unchurched

Allergies/Food Restrictions/Other Special Needs _____

Parent/Guardian Information:

Name of Mother _____

Employer _____ Home phone number _____

Home address _____

Name of Father _____

Employer _____ Home phone number _____

Home address _____

Father Work Phone _____ Mother Work Phone _____

Father Cell Phone _____ Mother Cell Phone _____

PLEASE CONTINUE ON BACK

Individuals authorized to pick up or receive your child:
(Name) (Relationship) (Phone Number)

Please provide best email address (for newsletters, etc.)

Transportation Questionnaire

Transportation to and from preschool each day is available for our students for a small fee. Trinity Lutheran Preschool uses the church 15 passenger van. The van driver has a background check as well as a JO2 endorsement on driver's license. Car seats are provided.

The cost of using van transportation is \$5 per month per student if the addresses used are within Auburn city limit and is \$10 per month per student if the addresses used are outside the Auburn city limit. The fee will be added to monthly tuition statements.

Please fill out the bottom as best as you can. We understand plans may change.

_____ Yes, I would like Trinity Lutheran Preschool to provide transportation on school days before school. **Please pick-up my child at:**

Name of Caregiver	Contact number	Street Address	City
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_____ Yes, I would like Trinity Lutheran Preschool to provide transportation on school days after school. **Please drop-off my child at:**

Name of Caregiver	Contact number	Street Address	City
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_____ My child will need a 5 point harness carseat.

_____ My child will need a booster seat.

_____ No, I would not be interested in transportation.

Parent Signature