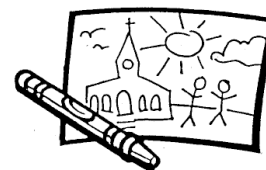




*Trinity Lutheran School*  
 406 S. Lakeview • Sturgis, MI 49091  
 (269) 651-4245



### 3-YEAR-OLD PRESCHOOL ENROLLMENT FORM

*This is our entry-level preschool class. It meets twice a week, on Tuesdays and Thursdays. Students need to turn three years old by September 1<sup>st</sup> (a copy of the child's birth certificate must be submitted at time of enrollment) and also be completely toilet-trained (no pull-ups are allowed). The class is designed to teach the children socialization skills and get them accustomed to a classroom environment.*

Today's Date \_\_\_\_\_

Child's Name (First, middle, last) \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Father

Mother

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Parent's Marital status: Married \_\_\_\_\_

Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Never married \_\_\_\_\_ Other \_\_\_\_\_

Who does the child live with:  Father  Mother  Other \_\_\_\_\_

Is there a...Stepfather \_\_\_\_\_ (name) Stepmother \_\_\_\_\_ (name)

Church membership  Trinity  Other: \_\_\_\_\_  None

Has your child been baptized? \_\_\_\_\_ If so, when? \_\_\_\_\_

If your child stays with someone else part of the day, with whom does he/she stay?

Last Name \_\_\_\_\_ First \_\_\_\_\_ Phone \_\_\_\_\_

Is there anyone to whom your child is **NOT** to be released?

Last Name \_\_\_\_\_ First \_\_\_\_\_ Phone \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Phone \_\_\_\_\_

Names of brothers and sisters (list oldest first)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Please add any special remarks about your child that would be helpful to a teacher, including health background, traumatic experiences, etc.

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

State briefly why you wish to enroll your child at Trinity Lutheran Preschool:

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

I am enrolling my child in: *Place a 1 next to your first choice and a 2 next to your second choice.*

\_\_\_ (T/Th) 8:00 a.m. – 10:30 a.m. Mrs. Boland

\_\_\_ (T/Th) 8:30 a.m. – 11:00 a.m. Mrs. Merrell

\_\_\_ (T/Th) 12:00 p.m. – 2:30 p.m. Mrs. Merrell

A \$25 registration and materials fee (non-refundable) is required when submitting this form.  
A copy of the child's birth certificate is also required at time of enrollment.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**TUITION SCALE FOR THE 2010 – 2011 SCHOOL YEAR**

Tuesday - Thursday Class: \$67 per month (\$603 total)

*FOR OFFICE USE ONLY*

Date received \_\_\_\_\_ Date Enrolled \_\_\_\_\_

Date fee Rec. \_\_\_\_\_ Amount rec. \_\_\_\_\_

Check number \_\_\_\_\_