



Called to learn Jesus, follow Jesus, teach Jesus.

2018 -2019 School Year Registration Form

Child's Name _____
(First) (Middle) (Last)

Date of Birth _____ **Gender** _____
(MM/DD/YYYY)

Parent/Guardian Information Name _____
(First) (Last)

Address _____
(Street Address) (City) (State) (Zip Code)

Home # _____ **Cell #** _____

Work _____ **Work #** _____
(Business Name)

Parent/Guardian Information Name _____
(First) (Last)

Address _____
(Street Address) (City) (State) (Zip Code)

Home # _____ **Cell #** _____

Work _____ **Work #** _____
(Business Name)

I would like to enroll my child at Trinity Lutheran Church Preschool for the 2018-2019 School Year Program in the:

- Full Day Program (7:30am—6pm)
- Half Day Program (7:30am—12:15pm)

On the following days:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

How did you hear about us? Social Media Yelp Friend

Other: _____