



Called to learn Jesus, follow Jesus, teach Jesus.

Registration 2017-18

Child's Name _____
Child's Birthday _____ Age _____ Child's Gender _____
Home Address _____ City _____ Zip Code _____
Home Phone _____ Email Address _____
Mother's Name _____ Father's Name _____
Place of Business _____ Place of Business _____
Mother's Work Phone _____ Father's Work Phone _____
Mother's Cell Phone _____ Father's Cell Phone _____

We wish to enroll our child at Trinity Lutheran Church Preschool for the 2017-2018 school year.

Type: Full Day Half Day Mixed

Days:

Monday Tuesday Wednesday Thursday Friday

We will pay tuition for the 2017-2018 school year by:

_____ equal monthly payments, which will be paid through the Simply Giving Program, beginning on _____ 1, 2017 and ending on June 1, 2018. The monthly rate is \$_____ per month. (The first month's installment is paid now at registration.)

One non-refundable lump sum, payable by _____ 1, 2017. This annual sum is \$_____.

To secure your child's enrollment, a \$100 registration fee (\$50 if child was on waitlist and enrolling for the first time) and a tuition deposit (the first month's tuition for the program in which you enroll) are required. Please write one check. **The registration fee and tuition are nonrefundable and will secure your child's place at Trinity.**

Signed: _____ Date _____

Print Name: _____

—Office Use Only—

Registration \$ _____ First month's tuition \$ _____ NS/PS/FS _____

First Payment \$ _____ Check # _____ Check Amount \$ _____

Date: _____ Deposit received by _____