



Waitlist Application

Child's Name _____ DOB _____

Parent/Guardian Information

Name _____

Address _____

Telephone Number _____ Email _____

Parent/Guardian Information

Name _____

Address _____

Telephone Number _____ Email _____

Enrollment Interests:

Presently, we are interested in the following enrollment options:

Full Day Half Day _____ # of days per week

Monday Tuesday Wednesday Thursday Friday

How did you hear about Trinity Lutheran Church Preschool? _____

Terms and Conditions

A \$100.00 non-refundable Waitlist Fee (per child) is required to wait list your child at TLC Preschool. If you are admitted to the preschool, \$50 of your waitlist fee will be applied to the registration fee. Please make checks payable to Trinity Lutheran Church.

Placing your child's name on the waitlist does not guarantee your child enrollment in the preschool program. Classes are filled first by current students and siblings, followed by Trinity Lutheran Church congregation members. Any remaining open spaces will first be filled by the waitlist and then open to the community. Upon notification of a space, you will have 48 hours to respond or the space will be offered to the next family.

Once admitted to the school, your enrollment will only be secured with a tuition deposit (first month's tuition for the program) and a \$100.00 registration fee.

Print Name _____

Signature _____

Date _____

_____ **Office Use** _____

Date Application Submitted _____

Date Admitted to School _____

Waitlist Fee Paid \$ _____

Check # _____

Date Received _____