

# Trinity Preschool Registration Form

If you have any questions, please contact the school at 282-2881

**Two months prior to school-** Please drop off or mail registration form and \$30 registration fee to Trinity Lutheran School, 10247 S. Prairie Rd., Red Bud, IL 62278. Attn: \_\_\_\_\_ : Preschool. Make check payable to Trinity Lutheran School.

**Your child will be registered when your registration form and check have been received by the preschool.**

Days of the week that child will be in attendance **all day** (circle all that apply)

Monday Tuesday Wednesday Thursday Friday

For curriculum only option (8:00-11:00 am): Tuesday & Thursday (3yr olds)

(Please choose one)

OR

M, W & F (4 & 5 yr olds)

**Class is 8:15-11:00 a.m. Students may be dropped off in the classroom at 7:40-8:15 a.m. Morning care begins at 6 a.m. for those who need it. All day care ends at 5:30 p.m.**

NAME OF CHILD \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME TELEPHONE # ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**BIRTHDATE** \_\_\_\_\_ Month/ Day/Year

CHURCH MEMBERSHIP \_\_\_\_\_

DATE OF BAPTISM \_\_\_\_\_

IF NOT RESIDING AT HOME, WITH WHOM IS THE CHILD?

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

WORK TELEPHONE ( ) \_\_\_\_\_

CELL PHONE # ( ) \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

WORK TELEPHONE ( ) \_\_\_\_\_

CELL PHONE # ( ) \_\_\_\_\_