

Date Rec'd \_\_\_\_\_  
Amt: \_\_\_\_\_ Ck #: \_\_\_\_\_

TRINITY LUTHERAN SCHOOL and  
EARLY CHILDHOOD CENTER  
40 W. Nicholai Street  
Hicksville, NY 11801  
(516) 931-2211  
www.TrinityLI.org



APPLICATION FOR NURSERY SCHOOL PROGRAMS

Please complete this application and indicate your choice of sessions. Return the application to the school office along with the registration form and the \$140.00 registration fee. This fee is non-refundable unless the session requested is not available. Please make checks payable to Trinity Lutheran School. Thank you for choosing Trinity Lutheran for your child.

Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ School Year \_\_\_\_\_  
(Last) (First)

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Student resides with \_\_\_\_\_

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Names and Birth dates of Siblings \_\_\_\_\_

	Father	Mother
Name	_____	_____
Occupation	_____	_____
Business Phone	_____	_____
Church	_____	_____
Membership	_____	_____
City, State	_____	_____
Local School District	_____	

For children who will be three years of age before December 1:

- |  |   |
|--|---|
| _____ Tuesday/Thursday Morning<br>(9:00 - 11:45 a.m.)          | _____ Tuesday/Thursday Full Day<br>(9:00 a.m. - 3:15 p.m.)                                    |
| _____ Tuesday/Thursday Afternoon<br>(12:30 - 3:15 p.m.)        | _____ Monday/Wednesday/Friday Full Day<br>(9:00 a.m. - 3:15 p.m.)                             |
| _____ Monday/Wednesday/Friday Morning<br>(9:00 - 11:45 a.m.)   | _____ Monday through Friday Full Day<br>(9:00 a.m. - 3:15 p.m.)                               |
| _____ Monday/Wednesday/Friday Afternoon<br>(12:30 - 3:15 p.m.) | Before school care available 7:30 - 9:00 a.m.<br>After school care available 3:15 - 6:00 p.m. |

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Application/Registration Fee: \$140.00

