

Date Rec'd _____
Amt. _____ Ck # _____

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



APPLICATION FOR TODDLER PROGRAM

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 Birthdates of Siblings _____

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

For children who will be two years of age before September 1:

_____ Tuesday/Thursday Morning (9:30 - 11:30 am) _____ Tuesday/Thursday Afternoon (12:30 - 2:30 pm)

Signature of Parent/Guardian _____ Date _____

Application/Registration Fee: \$140.00

