



Trinity Lutheran School and Early Childhood Center

40 West Nicholai Street, Hicksville, NY 11801 • 516-931-2211

REGISTRATION FORM Early Childhood Center

Please note: This form must be returned along with the application and \$155.00 fee in order to register your child.

School year **2016/2017**

Name of parents/guardians _____
(last) (first)

Address _____

City, State, Zip _____ Daytime Phone _____

Please state student's last name if different from parents' _____

Student's Name (First) (Last)	Date of Birth	Male/ Female	Application/ Registration Amount	OFFICE USE ONLY		
				Date	Amount	Check #
			\$155			

Referred by _____

Church Affiliation _____

Name of public school district in which the above student resides _____

Application/Registration Fee for All New Students: \$155.00/student

Paid registration is what holds the student's place in that session. The application/registration fee covers student accident insurance, PTFA dues, and other miscellaneous fees. This fee is not refundable.

Please check which session your child will be attending, and circle AM or /Full day where appropriate.

Two Year Olds

___ Tues/Thurs AM

Three Year Olds

___ Tues/Thurs AM

___ M/W/F AM

___ Tues/Thurs Full Day

___ M/W/F/ Full Day

___ Mon through Fri Full Day

Four Year Olds

___ M/W/F AM

___ Mon through Fri AM

___ M/W/F Full Day

___ Mon through Fri Full Day

Tuition Payment Options

Tuition payments begin in July each year. Information about your payment options will be included with your tuition statement. Payment options are: to pay in full, select a payment plan through FACTS Tuition Service or the Lutheran Church Extension Fund (LCEF), or to pay with a credit card.

Publicity Policy

Students may be photographed or videotaped for the purpose of positive school communication and publicity, unless the parent or guardian submits a written request that the child not be photographed or videotaped. If no such written request is received, it will be assumed that the student may appear in pictures or videos associated with school publicity. The written request should accompany this form.

Signature of parents/guardians _____ Date _____

Thank you for registering your child at Trinity Lutheran School and Early Childhood Center.