

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

2 Year Olds



<u>APPLICATION FOR TODDLER PROGRAM</u>

Please complete this application and indicate your choice of sessions. Return the application to the school office along with the registration form and the \$155.00 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 2017/18	
(Last)	(First)		
Address	To	ownZip Code	
Home Phone	Studen	ent resides with	
Date of Birth	City of Birth	Date of Baptism	
Names and Birthdates of S	Siblings		
Name	<u>Father</u>	<u>Mother</u>	
Occupation			
Business Phone			
Cell Phone Church Membership			
City, State			
Local School District		_	
Monday/Wednes	wo years of age before December 1 day Morning (9:30 - 12:00 pm) ay Morning (9:30 – 12:00 pm)	1 may attend upon reaching age 2.	
Signature of Parent/Guard	dian	Date	
Application/Registration Fee: \$155.00		Date Rec'd AmtCk #	

Is there anything you would like your child's teacher to know about your child? Please mention any concerns you might have about your child.			