

## TRINITY LUTHERAN SCHOOL EARLY CHILDHOOD CENTER

40 W. Nicholai Street Hicksville, NY 11801 (516) 931-2211 www.TrinityLI.org



## APPLICATION FOR PRE-KINDERGARTEN PROGRAM

Please complete this application and indicate your choice of session. Return the application to the school office along with the enclosed registration form and the \$155.00 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	ol Year 2017/2018
(Last)		(First)			
Address	Γ	Cown		Zip (	Code
Home Phone	Student re		with		
Date of Birth	nCity of Birth		Date of Baptism		
Names and Birthdates of	Siblings				
Email Address			Cell Num	ber	
Name	<u>Father</u>			Mothe	<u> </u>
Occupation					
Church					
City, State					
Local School District					
For children who will l	be four years of age by Dec	ember 1:			
Monday/Wednesday/Friday Morning (8:45 - 12:00 noon)			Monday through Friday Five Mornings (8:45 a.m. – 12:00 noon)		
Monday/Wednesday/Friday Full Day (8:45-3:15 p.m.)			Monday through Friday Full Day (8:45-3:15 p.m.)		
		•	,		7:30 - 8:45 a.m. 3:15 - 6:00 p.m.
Signature of Parent/Gua	urdian			_ Date	
Application/Registrat	ion Fee: \$155.00		Date Rec'o	dCk #:	

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.	
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