



**TRINITY LUTHERAN SCHOOL  
EARLY CHILDHOOD CENTER**

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

**4 Year Olds**



**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 Year 2018-2019  
(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 \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Number \_\_\_\_\_

	<u>Father</u>	<u>Mother</u>
Name	_____	_____
Occupation	_____	_____
Business Phone	_____	_____
Church Membership	_____	_____
City, State	_____	_____
Local School District	_____	

For children who will be four years of age by December 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.)

*Before school care available 7:30 – 8:45 a.m.  
After school care available 3:15 - 6:00 p.m.*

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

**Application/Registration Fee: \$155.00**

Date Rec'd _____
Amt: _____ Ck #: _____

**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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