



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

**2 Year Olds**



**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 \$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 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 \_\_\_\_\_

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

For children who will be two years of age before December 1 may attend upon reaching age 2.

\_\_\_\_\_ Tuesday/Thursday Morning (9:30 – 12:00 pm)

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

Application/Registration Fee: \$155.00

Date Rec'd _____
Amt. _____ Ck # _____

