

# 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 \$145.00 fee in order to register your child.*

School year **2014/2015**

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	Date of Birth	Male/ Female	Application/ Registration Amount	<b>OFFICE USE ONLY</b>		
				Date	Amount	Check #
			\$145.00			

Referred by \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Name of public school district in which the above student resides \_\_\_\_\_

**Application/Registration Fee for All New Students: \$145.00/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.*