

Date Rec'd _____
Amt. _____
Ck# _____

TRINITY LUTHERAN SCHOOL
 EARLY CHILDHOOD CENTER
 40 West Nicholai Street
 Hicksville, NY 11801
 (516) 931-2211
 www.TrinityLL.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 \$145.00 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 2014/2015
 (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 am)

Signature of Parent/Guardian _____ Date _____

Application/Registration Fee: \$145.00

