

Date Rec'd _____
 Amt. _____
 Ck# _____

TRINITY LUTHERAN SCHOOL and
 EARLY CHILDHOOD CENTER
 40 W. Nicholai Street
 Hicksville, NY 11801
 (516) 931-2211
 www.TrinityLL.org

3 Year Olds



APPLICATION FOR NURSERY SCHOOL PROGRAM

Please complete this application and indicate your choice of session. 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 2015/2016
 (Last) (First)

Address _____ Town _____ Zip Code _____

Home Phone _____ Student resides with _____

Date of Birth _____ City of Birth _____ Date of Baptism _____

Names and Birth dates of Siblings _____

Email Address _____

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

For children who will be three years of age by December 1:

_____ Tuesday/Thursday Morning
 (9:00 - 11:45 a.m.)

_____ Tuesday/Thursday Full Day
 (9:00 a.m. - 3:15 p.m.)

_____ Monday/Wednesday/Friday Full Day
 (9:00 a.m. - 3:15 p.m.)

_____ Monday/Wednesday/Friday Morning
 (9:00 - 11:45 a.m.)

_____ Monday through Friday Full Day
 (9:00 a.m. - 3:15 p.m.)

*Before school care available 7:30 -9:00 a.m.
 After school care available 3:15 - 6:00 p.m.*

Signature of Parent/Guardian _____ Date _____

Application/Registration Fee: \$145.00

