

Date Rec'd _____
 Amt. _____
 Ck# _____

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



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 \$145.00 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 2015/2016
 (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	_____	_____
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 p.m.)	_____ Monday through Friday Five Mornings (8:45 a.m. – 12:00 p.m.)
_____ Monday/Wednesday/Friday Full Day (8:45-3:15 p.m.)	_____ Monday through Friday Full Day (8:45-3:15 p.m.)
	<i>Before school care available 7:30 - 9:00 a.m.</i> <i>After school care available 3:15 - 6:00 p.m.</i>

Signature of Parent/Guardian _____ Date _____

Application/Registration Fee: \$145.00

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.
