



Trinity Lutheran School and Early Childhood Center

40 West Nicholai Street, Hicksville, NY 11801 * 516-931-2211 X224

Registration Form for the 2023-2024 School Year

Please complete this registration form and indicate your program choice. For the Toddler Program, your child must be 2 years old as of December 1st of the school year. For the Nursery Program, your child must be 3 years old as of December 1st of the school year and fully potty trained. For the Pre-Kindergarten Program, your child must be 4 years old as of December 1st of the school year and fully potty trained.

Please return this application to the school office along with \$155 non-refundable registration fee. Please note that this fee is non-refundable unless the session requested is not available. Please make checks payable to Trinity Lutheran School or you may pay online at www.trinityli.org under Pay/Give. Thank you for choosing Trinity Lutheran's ECC for your child.

Child's Name: _____ M _____ F _____

Date of Birth: _____ City of Birth: _____

Name of Parents/Guardians: _____

Address: _____ Town: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email Address: _____ Referred by: _____

Church Affiliation: _____

Public School District where child resides: _____

Please check which program your child will attend:

Toddlers - 2 years old

___ M/W/F AM

Nursery - 3 years old

___ M/W/F AM

___ T/TH Full Day

___ M-TH AM

___ M/W/F Full Day

___ M-F AM

___ M-TH Full Day

___ M-F Full Day

Pre-K - 4 years old

___ M-F AM

___ M/W/F Full Day

___ M-TH Full Day

___ M-F 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 using LCEF Joyful Response, or pay with a credit card online.

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 Parent/Guardian: _____ Date: _____

For Office Use: Date Received: _____ Amt: _____ Check #: _____ Staff: _____