



Trinity Lutheran School
 406 S. Lakeview • Sturgis, MI 49091
 (269) 651-4245



4-YEAR-OLD PRESCHOOL ENROLLMENT FORM

The four-year-old class meets three times per week, on Mondays, Wednesdays, and Fridays. Students need to turn four years old by September 1st. A copy of the child's birth certificate must be submitted at time of enrollment. This class is designed to improve skills necessary for kindergarten. We concentrate on numbers, letters, fine motor skills (pencil use, cutting, etc.), classroom behavior, listening, and following directions.

Today's Date _____

Child's Name (First, middle, last) _____ Sex _____

Date of Birth _____ Address _____

City/State/Zip _____ Phone _____

E-mail _____

Father

Mother

Name: _____

Name: _____

Employer/Occupation: _____

Employer/Occupation: _____

Work Phone Number _____

Work Phone Number _____

Parent's Marital status: Married _____

Separated _____ Divorced _____ Never married _____ Other _____

Who does the child live with: Father Mother Other _____

Is there a...Stepfather _____ (name) Stepmother _____ (name)

Church membership Trinity Other: _____ None

Has your child been baptized? _____ If so, when? _____

If your child stays with someone else part of the day, with whom does he/she stay?

Last Name _____ First _____ Phone _____

Is there anyone to whom your child is **NOT** to be released?

Last Name _____ First _____ Phone _____

Last Name _____ First _____ Phone _____

Names of brothers and sisters (list oldest first)

Name _____ Date of Birth _____ Sex _____

Name _____ Date of Birth _____ Sex _____

Name _____ Date of Birth _____ Sex _____

Name _____ Date of Birth _____ Sex _____

Please add any special remarks about your child that would be helpful to a teacher, including health background, traumatic experiences, etc.

State briefly why you wish to enroll your child at Trinity Lutheran Preschool:

I am enrolling my child in: Place a **1** next to your first choice and a **2** next to your second choice. We will do our best to honor your first choice.

___ (M/W/F) 8:00 a.m. – 10:30 a.m. Mrs. Boland

___ (M/W/F) 8:30 a.m. – 11:00 a.m. Mrs. Merrell

___ (M/W/F) 12:00 p.m. – 2:30 p.m. Mrs. Merrell

A \$25 registration and materials fee (non-refundable) is required when submitting this form. A copy of the child's birth certificate is also required at time of enrollment.

Parent's signature _____ Date _____

TUITION SCALE FOR THE 2010 – 2011 SCHOOL YEAR

Monday - Wednesday - Friday Class: \$95 per month (\$855 total)

FOR OFFICE USE ONLY

Date received _____ Date Enrolled _____

Date fee Rec. _____ Amount rec. _____

Check number _____