



2026-2027 Preschool Registration Form

Non-refundable Deposit of \$275 (\$300 after April 1, 2026) \$200 will be applied to first month's tuition

Student & Family Information

Grade Level for 2026-2027, Circle One: PS3 / PS4

Circle One: Full Day / Half Day

Circle Days of Week Attending: M T W T F

Full Name of Student _____
(Last) (First) (Middle)

Student's Birthday _____ Gender _____

Mother/Guardian _____ Occupation _____

Address, City & Zip Code _____

Mother/Guardian Phone (Cell) _____ (Work) _____

Mother/Guardian Email Address _____

Father/Guardian _____ Occupation _____

Address, City & Zip Code _____

Father/Guardian Phone (Cell) _____ (Work) _____

Father/Guardian Email Address _____

Student lives with _____

Address if not living with parents _____

Where is current church membership? _____

Has your child been baptized? YES NO Baptism Date: _____

Pastoral Reference/Contact Name: _____

Phone: _____ Email: _____

HAVING ENROLLED MY CHILD IN TRINITY LUTHERAN SCHOOL, I AGREE TO THE FOLLOWING:

1. To allow my child to be taught Bible history and the teachings of the Christian faith as held by The Lutheran Church.
2. To acquaint myself with the policies and guidelines set forth in the school handbook.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____



Student's Name: _____
(Last) (First) (Middle)

CHILD INFORMATION - PRESCHOOL

Name by which child is called: _____

Please list names of other children in the child's family: _____

Marital Status of Parent(s)/Legal Guardian(s): _____ Single _____ Separated _____ Married _____ Divorced

What other adults live in child's home? _____

Family pets/Name of pets: _____

Family interests or hobbies: _____

Has your child attended any other group programs outside the home? _____

If so, please list type of program and name: _____

What contact has the child had with children outside the home? _____

How does the child get along with other children? _____

Does the child show a desire to be independent? _____

Is your child toilet independent? _____

How would you rate your child's speech development? _____

Does your child have any physical limitations that would require special consideration in school?

Does your child have any allergies? If so, please list them: _____

What are your child's special interests? _____

Handedness _____ Left _____ Right

In what areas of development does your child need encouragement? _____

How do you believe TRINITY LUTHERAN SCHOOL'S PRESCHOOL PROGRAM may help in your child's development? _____

Additional Information you would like to share: _____
