## TRINITY LUTHERAN CHRISTIAN PRESCHOOL 2024-2025 ENROLLMENT FORM

CHILD'S NAME	TOI	TODAY'S DATE				
CHILD'S BIRTHDATE	AGE	GENDER (M/F)				
City		, OH Zip Code				
		HONE #				
		_e-mail				
MOTHER'S NAME	PI	HONE #				
Address if different from above		e-mail				
How did you hear about us?						
<b>Please check</b> the class you would like forms and fees are submitted, on a fire	rst come, first serve basis.	according to availability and as enrollment				
AM: Morning Classes meet from	1 9:00 to 11:30 am PM: Afternoon	Classes meet from 12:30 to 3:00 pm				
Just a HOP, SKIP and a JUMP to Kinderga	rten					
Hoppers (3's and 4's Class)	Skippers (4's to early 5's Class)	Jumpers (5's to early 6's Class)				
Child must be 3 by August 1	Child must be 4 by August 1	Child must be 5 by October 1				
2 days/week options	3 days/week options	4 days a week				
Mon. & Wed. AM	Tues., Wed. & Thurs. AM	Mon., Tues., Wed. & Thurs. PM				
Tues. & Thurs. AM	Tues., Wed. & Thurs. PM					
3 days/week options (afternoor	n)					
Tues., Wed. & Thurs. PM						
<b>TUITION</b> : Tuition is paid September	through May with the first payment due o	on your child's first day of preschool.				
2 days/week: \$150 month	3 days/week: \$175 month 4	days/ week: \$200 per month				
	end preschool. Your child must have all <b>immur</b> stering preschool. (This form will accompany yo	nizations and a physician signed medical form our acceptance letter.)				
_	ion fee per family): <b>\$55</b> This fee is non-ref your child's placement in preschool. (\$35					
	ar): Supply fees are based on the number of days/week: <b>\$80</b> Supply fee	of days your child will attend preschool. 4 days/week: <b>\$90</b> Supply fee				
bring it to the preschool or mail to	lable registration and supply fee with to Trinity Lutheran Christian Preschool, Director, Val Trapp at 740-474-9870.	the completed enrollment form and 135 E. Mound St., Circleville, OH 43113				

## STUDENT INFORMATION RECORD

Do both parents live wit	th the child? Yes	No	_ If NO, who does	the child reside with?		
Please list all persons liv	ving in the househo	old other than pa	rents:			
Name		Age		Relation to Child		
Describe your child: Sh	y Quiet	Friendly	Cautious	Active		
Aggressive Out	goingNerv	ous Coope	rative Other			
Name of School District	your child will atte	end:				
Is your child: right-hand	ded OR left-	handed C	R are you unsure?	?		
Does your child wear gl	asses? Yes	No				
CHILD'S ALLERGIES:						
•	child and meet his	or her needs: sp	eech, hearing, visi	may have that would help us to on, medical concerns, etc. (Some a later date.)		
Are there family or cust unless there is legal paper			• •	ot withhold a child from a parent		
Any other information t	hat would help us	in knowing and s	erving your child:			
Is your child able to let	an adult know whe	en they need to u	se the bathroom?	Yes No		
Can they take care of th	eir bathroom need	ds? Yes N	lo			
What church do you curre	•			(If you do not have a shursh harry Trick Luth		
Church welcomes you to worship h	oro Drograms and Sunday 9	Sala a di avvaila la la fava alailala	on vouth and adults \	(If you do not have a church home, Trinity Lutheran		