



Trinity Lutheran Preschool Registration Form 2010-11

2194 SE Minter Bridge Road
Hillsboro, Oregon 97123
Phone: 503-846-1319

Email: preschool@trinityhillsboro.com

Office Use Only

Date received: _____

Time: _____

Check # _____

Please complete this form and return it to the church office. Your \$50. (\$25 for Young 3's class) non-refundable registration fee must accompany your application in order to hold a spot in the class. Monthly tuition for the Young 3's class is \$100; 3's class is \$105; 4's class is \$130.

- Class :**
- 3 year old class (Tues./Thurs. 9 - 11:30 a.m.)
 - 4 year old class (Mon.-Wed.-Fri. 9 - 11:30 a.m.)
 - Young 3 year old class (Tues./Thurs. 12:15 - 2:30 p.m.)
 - 3 year old class (Tues./Thurs. 12:30 -3:00 p.m.)
 - 4 year old class (Mon.-Wed.-Fri. 12:30 - 3:00 p.m.)

CHILD INFORMATION

Name of child: _____ Date of Birth _____/_____/_____ Male/Female
(First) (Middle) (Last) (month day year)

Child's name to be called (i.e., Mike or Michael): _____

Address: _____
(Street) (City) (Zip)

Phone Number: _____ Email Address: _____

PARENT INFORMATION

Name of Mother: _____

Name of Father: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Address if different than child's: _____

Address if different than child's: _____

FAMILY INFORMATION

Other children in family:	_____	_____	_____	_____
	name	age	name	age
	_____	_____	_____	_____
	name	age	name	age

Home church _____ I would like information about Trinity Lutheran Church

EMERGENCY INFORMATION (to be used only if parents cannot be reached)

Name and relationship: _____ Phone: _____

Child's Physician: _____ Phone: _____

I give my permission for medical assistance to be administered to my child whenever such care is needed (i.e. first-aid cream, bandages, etc). If a medical emergency should occur, I understand that I and/or my child's doctor would be called. I also pledge my support of the Preschool Ministry provided by Trinity Lutheran Church and accept our financial responsibility and pledge to pay the fees and tuition.

Signature of Parent/Guardian

Date