



2019-2020 Preschool Registration Form

Registration Fee: \$200.00 Before May 4th; \$225 Before August 1st; \$250 After August 1st (non-refundable) Grade Level for 2019-2020: Circle one: PS3 / PS4

Circle one: Full-time / Part-time

Circle Days of Week Attending: M T W T F

Student & Family Information

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

Student's Birthday _____ Gender _____

Mother/Guardian _____ Occupation _____

Address, City & Zip Code _____

Phone (H) _____ (W) _____ E-Mail Address _____

Father's/Guardian's Name _____ Occupation _____

Address, City & Zip Code _____

Phone (H) _____ (W) _____ E-Mail Address _____

Student lives with _____

Address if not living with parents: _____

Where does your family hold church membership? _____

Does family attend church regularly? ☐ YES ☐ NO

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 _____



Trinity Lutheran Church School

1165 Westmore Meyers Road

Lombard, IL 60148-4174

(630) 629-8765 Phone

(630) 627-5676 Fax

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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? _____

To what extent is the child toilet trained? _____

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

Does your child have any handicaps or chronic weaknesses which may require special consideration in school?

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

What is 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: _____
