



TRINITY LUTHERAN SCHOOL
EARLY CHILDHOOD CENTER
40 West Nicholai Street
Hicksville, NY 11801
(516) 931-2211
www.TrinityLL.org

2 Year Olds



APPLICATION FOR TODDLER PROGRAM

Please complete this application and indicate your choice of sessions. Return the application to the school office along with the registration form and the \$155.00 registration fee. This fee is non-refundable unless the session requested is not available. Please make checks payable to Trinity Lutheran School. Thank you for choosing Trinity Lutheran for your child.

Child's Name _____ M ___ F ___ School Year 2020-2021
(Last) (First)
Address _____ Town _____ Zip Code _____
Home Phone _____ Student resides with _____
Date of Birth _____ City of Birth _____ Date of Baptism _____
Names and Birthdates of Siblings _____
Email Address _____

	<u>Father</u>	<u>Mother</u>
Name	_____	_____
Occupation	_____	_____
Business Phone	_____	_____
Cell Phone	_____	_____
Church Membership	_____	_____
City, State	_____	_____
Local School District	_____	_____

For children who will be two years of age before December 1 may attend upon reaching age 2.

_____ Tuesday/Thursday Morning (9:30 – 12:00 pm)

Signature of Parent/Guardian _____ Date _____

Application/Registration Fee: \$155.00

Date Rec'd _____
Amt. _____ Ck # _____

OVER

Is there anything you would like your child's teacher to know about your child? Please mention any concerns you might have about your child.
