



# Trinity Lutheran Preschool Registration Form 2018-19

2194 SE Minter Bridge Road. Hillsboro, Oregon 97123

Phone: 503-846-1319

Email: preschool@trinityhillsboro.com

### Office Use Only

Date received: \_\_\_\_\_

Check # \_\_\_\_\_

Check Amount: \_\_\_\_\_

Please complete this form and return it to the church office. Your \$75. (\$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 \$130; 3's class is \$130; 4's class is \$180.

- Class :**
- 3 year old class (Tues./Thurs. 9 - 11:30 a.m.)
  - 3 year old class (Tues./Thurs. 12:30 -3:00 p.m.)
  - 4 year old class (Mon.-Wed.-Fri. 9 - 11:45a.m.)
  - 4 year old class (Mon.-Wed.-Fri. 12:30 - 3:15 p.m.)
  - Young 3 year old class (Tues./Thurs. 12:30- 3:00 p.m.)

### CHILD INFORMATION

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

Child to be called and taught to recognize and/or write (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