

See what kind of love the Father has given to us, that we should be called children of God. 1 John 3:1



Trinity Lutheran Preschool

2949 Alamo Street, Simi Valley CA 93063

Phone: (805) 526-5975

www.trinitylutheranpreschoolsimi.com

2017-2018 Enrollment Application

Please circle the days you'd like to send your child:

Monday Tuesday Wednesday Thursday Friday

Full day (7:00-6:00) ___ Half day (8:30-12:00)___

A non-refundable registration fee of \$100 must accompany this form. (\$80 for returning students)

Child's name _____ Birthdate _____
(Last) (First) (Middle)

Preferred name to be called at school: _____

Address _____

City _____ State _____ Zip _____

Father's name _____ Home Phone _____

Email _____ Cell Phone _____

Place of employment _____ Work Phone _____

Mother's name _____ Home Phone _____

Email _____ Cell Phone _____

Place of employment _____ Work Phone _____

Email for invoices/school information _____

Allergies _____

Is your child baptized? ___ Yes ___ No

Name of the church your family attends _____

Location _____ Pastor _____

Do you wish to learn more about Trinity Lutheran Church and its ministries? ___ YES ___ NO

How did you hear about our school? _____

Ethnicity/Race of your child: _____

Special requests _____

Parent's Signature _____ Date _____

Office Use Only

(Circle) Sibling Church member CDR First 5 Returning Rm 2 Rm 3 Rm 4 Rm 5 Toilet Not Toilet

T-shirt Rcvd/pd Bedding bag Rcvd/pd Cot sheet Rcvd/pd

Registration received (date/method) _____

Start Date _____

Preferred Room/Teacher _____

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Policy/Payment/Photo/Internet Authorization

Child's name:

Please initial each statement:

- Tuition is calculated annually and divided into monthly payments.
- Tuition is due on the 1st of each month
- A \$30.00 late fee will be charged for tuition paid after the 5th
- I have read the Preschool Calendars and am aware of the dates the school is closed. I understand there are no credits or refunds for holidays, days school is closed, absences or vacations.
- I agree to give written notice with a minimum of two week's notice upon withdrawing my child from this school. Failure to give proper notice will require an additional payment of one month's tuition.
- I agree to abide by the school's late pick-up policies and fees.
- Upon registering I accept responsibility for payment of all tuition and fees when due.
- I have read the Trinity Lutheran Preschool Handbook and agree to abide by the policies within.
- I understand the Preschool Director may terminate this contract at anytime without notice if the director feels it is in the best interest of the school, my child, or the staff.

Parent's signature: _____

Date: _____

Children at TLPS are photographed in order for the pictures to be used in class books, class activities, and class posters but we ask you to give us permission to take photographs of your child in order for the pictures to be used in the following approved ways:

- School promotional materials that are distributed to the community
- TLP Facebook page (without names)
- TLP Website (without names)

Parent's signature: _____

Date: _____

I also give permission for TLP to put our family's information in a 2017-2018 School Directory to be given to all the families registered for the 2017-2018 school year.

Parent's signature: _____

Date: _____