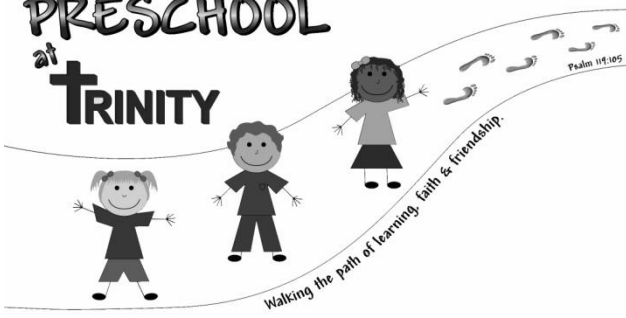


# PRESCHOOL at TRINITY



## Application Form 2018-2019

1150 W Cavour Ave., Fergus Falls, MN 56537  
Phone: 218-736-5847 info@preschoolattrinity.org  
Fax: 218-739-3667 www.preschoolattrinity.org

**MISSION STATEMENT:** *Trinity Lutheran School seeks to nurture children in their relationship with Jesus Christ while providing a strong academic foundation.*

Name of Student \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/Day/Year City State

Date of Baptism \_\_\_\_\_ Student's Sunday school \_\_\_\_\_  
Month/Day/Year

\_\_\_ On September 1, 2018 my child will be 3 years old and is registering for preschool 2 days/week.

\_\_\_ On September 1, 2018 my child will be 4 years old or older and is registering for preschool 3 days/week.

\_\_\_ On September 1, 2018 my child will be 4 years old or older and is registering for preschool 5 days/week.

\_\_\_ My child is toilet trained (due to our licensure, students must be toilet trained).

### Family Information:

#### FATHER

Name \_\_\_\_\_

Place of employment \_\_\_\_\_

Church affiliation \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

#### MOTHER

Name \_\_\_\_\_

Place of employment \_\_\_\_\_

Church affiliation \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Intended e-mail use may be school newsletter and/or communication from your child's teacher or the school office, etc.

**BROTHERS AND SISTERS**

Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION:**

Who has legal custody of this child? Circle:    Father    Mother    Other (List name/address below)

Child lives with:    \_\_\_ Both Parents    \_\_\_ Father    \_\_\_ Mother    \_\_\_ Other, List: \_\_\_\_\_

**SCHOOL INFORMATION:**

What is your child’s attitude about attending school?    Excited    Comfortable    Nervous

What would you like your child to gain from his/her school experience? \_\_\_\_\_

Please provide any additional information that will help us serve your child through our school, including any disabilities, handicaps, or allergies your child has. Information is confidential.

How independent is your child with bathroom use? \_\_\_\_\_

Why do you desire to send your child to Preschool at Trinity? \_\_\_\_\_

Where or how did you hear about Preschool at Trinity? \_\_\_\_\_

**PUBLIC RELATION, ACTIVITIES, RESEARCH, ETC.**

Yes    My child has permission to participate in public relation activities such as pictures for newspapers or school activities, school website and school social media outreach, class albums, information on class activities for papers, etc., at Preschool at Trinity (Trinity Lutheran School), Fergus Falls, MN.

No    My child does not have permission to participate in public relation activities such as pictures for newspapers or school activities, school website and school social media outreach, class albums, information on class activities for papers, etc., at Preschool at Trinity (Trinity Lutheran School), Fergus Falls, MN.

Parent’s Signature \_\_\_\_\_

Date \_\_\_\_\_

*Preschool at Trinity does not discriminate on the basis of race, color, or national origin.*