

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.