



Application Form 2020-2021

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

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

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

PLEASE CHOOSE ONE OPTION BELOW:

___ On September 1, 2020 my child will be 3 years old and is registering for preschool 2 days/week- Monday & Wednesday HALF DAY AM.

___ On September 1, 2020 my child will be 3 years old and is registering for preschool 2 days/week- Tuesday & Thursday HALF DAY AM.

___ On September 1, 2020 my child will be 4 years old or older and is registering for pre-kindergarten 3 days/week- Monday/Wednesday/Friday HALF DAY AM.

___ On September 1, 2020 my child will be 4 years old or older and is registering for pre-kindergarten 3 days/week- Monday/Wednesday/Friday HALF DAY PM.

___ On September 1, 2020 my child will be 4 years old or older and is registering for pre-kindergarten 2 days/week- Tuesday & Thursday FULL DAY.

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.