



# Application Form 2023-2024

1150 W Cavour Ave., Fergus Falls, MN 56537  
Phone: 218-736-4869 info@preschoolattrinity.org  
Fax: 218-739-3667 www.preschoolattrinity.org

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

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 YOUR CLASS OPTION(S) BELOW:

\_\_\_ On September 1, 2023 my child will be 3 years old and is registering for preschool 2 days/week- Tuesday & Thursday HALF DAY AM.

\_\_\_ On September 1, 2023 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, 2023 my child will be 4 years old or older and is registering for pre-kindergarten 2 days/week- Monday & Wednesday FULL DAY.

\_\_\_ On September 1, 2023 my child will be 4 years old or older and is registering for pre-kindergarten - Friday HALF DAY in addition to a 2 days/week full day section.

\_\_\_ On September 1, 2023 my child will be 4 years old or older and is registering for pre-kindergarten - Friday HALF DAY as a 1 day/week option.

#### FATHER

Name \_\_\_\_\_

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

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

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

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

#### MOTHER

Name \_\_\_\_\_

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

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

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

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

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

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

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

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.*