

**A School Application & Record Form for each student enrolling must be completed.
REGISTRATION FEE DUE AT TIME OF ENROLLMENT—\$50 Member/\$80 Non-Member**

*Registration Fees may be paid online at www.trinitymcs.com

- PROGRAM OPTIONS:**
- Half Day Preschool 3 Year Old (Tuesday/Thursday)
 - Half Day Preschool 4 Year Old (Mon/Wed/Fri)
 - Full Day Preschool (*Please indicate desired days below*)*
 - Monday Tuesday Wednesday Thursday Friday

***If choosing the Full Day Preschool, you MUST choose a minimum of 2 class days.**

STUDENT INFORMATION—PLEASE PRINT

Last Name: _____ First: _____ Middle: _____

Date of Birth* _____ Male/Female: _____ Baptismal Birthday: _____

Place of Birth *: _____ Country of Origin: _____ Citizenship: _____

Please note: student must turn the age of 3 (Preschool Full Day/Preschool 3) or 4 (Preschool Full Day/Preschool 4) by 9/1/17 and a copy of the legal Birth Certificate for each student must be on file in the school office prior to the first day of school.

FAMILY INFORMATION (please print)	Mother (Guardian)	Father (Guardian)
First and Last Name		
Primary Contact ? (Yes/No)		
Home Street Address		
City, State, Zip		
Student Primary Address? (Yes/No)		
Home Phone		
Cell Phone		
E-mail		
Business/Occupation/Title		
Business Address		
City, State, Zip Code		
Business Phone Number		

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2017-2018 School Year
PRESCHOOL

ADDITIONAL INFORMATION

Parents Marital Status: Married Divorced Separated

Student resides with (check one):

- Both parents Shared Custody/Conditions of Custody (explain below)
 Other (explain below)
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CHURCH AFFILIATION

Our worship life together is very important as a continuing sign of our partnership together as church and school and family. Please provide the following information for our records.

Please note: Trinity Membership status must be confirmed by school and church staff before membership rates are applied. To be eligible for member registration, families must be active members of Trinity Lutheran Church, worshipping together as a family at least 30 times per year at Trinity, as well as volunteering 10 hours of service to the church or school. For more information, see the Parent Handbook or contact the school office.

Family Church Membership:

- Trinity Lutheran Church, Roselle Other: _____
 No current affiliation I am interested in learning more about Trinity Lutheran Church.

TUITION PAYMENT INFORMATION

Trinity uses a third party, Smart Tuition, to collect and process tuition payments. Information on Smart Tuition will be provided in your registration packet. Please provide the following for our records:

I PLAN TO PAY TUITION: One-time payment 12 Month Payment Plan*

**An additional monthly convenience fee of \$5 per student will be added.*

By way of signature, I agree that the information provided is complete and correct to the best of my knowledge and agree to the payment terms for tuition and fees.

Signature

Date

Name of Signee (Please Print)

Relationship to Student