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CHILD CARE CENTER SCHOOL YEAR APPLICATION FOR REGISTRATION FORM 2010-11

DATE: _____ TRINITY LUTHERAN CHURCH MEMBER: Yes or No
FATHER'S NAME: _____
MOTHER'S NAME: _____
ADDRESS - Street: _____
City: _____ State: _____ Zip: _____
TELEPHONE NO.: Mom's Work/Cell _____ Dad's Work/Cell _____ Home _____

CHILD'S FULL NAME: _____
DATE OF BIRTH: _____ SEX: _____ <i>(Documentation Required)</i>

CHECK ONE	
<input type="checkbox"/> TWO's	<input type="checkbox"/> BEFORE AND AFTER CARE
<input type="checkbox"/> NURSERY (3 by 9/1/10)	<input type="checkbox"/> BEFORE CARE ONLY
<input type="checkbox"/> PRE-KINDERGARTEN (4 by 9/1/10)	<input type="checkbox"/> AFTER CARE ONLY
CLASS BEGINS ON _____	

Learned of Trinity: ___ Friend ___ Internet ___ Yellow Pages ___ Newspaper Ad ___ School Sign ___ Other _____

- It is my intention to continue my child's education in the Trinity Lutheran School and/or Child Care Center through grade _____. Where is your child currently attending school?

- Please return this form—along with the **Registration Fee** and **One-Week Tuition Deposit** (if applicable)—all of which are **Non-Refundable**. The first two weeks' tuition will be due when the child begins. Acceptance is contingent upon student's developmental readiness and space availability. If unacceptable, all fees except testing fee of \$45 will be refunded.

- Families are required to give four (4) weeks written notice to withdraw a child from the Center. In the event of withdrawal, the **Registration Fee** and **Tuition Deposit** are not refundable. The one-week Tuition Deposit is considered the last week's payment with a written four (4) week notice. _____ **Please Initial.**
- Trinity Lutheran Child Care Center is an equal opportunity provider. It does not discriminate on the basis of its educational policies or any Center administered programs.

I HAVE READ AND UNDERSTAND THE REFUND POLICY AND PAYMENT PLAN OF TRINITY LUTHERAN CHILD CARE CENTER.	
_____ Signature of Person Responsible for Payment	
_____ Signature of Father/Guardian	_____ Signature of Mother/Guardian

<i>(OFFICE USE ONLY)</i>	
REGISTRATION FEE _____ <i>Non-refundable</i> (Includes book fee, field trips, and activities fees. See Schedule for appropriate fee.)	PROCESSED BY _____
TUITION DEPOSIT _____ <i>Non-refundable</i> (NEW STUDENTS ONLY)	CASH _____ CHECK _____
TOTAL _____	CREDIT CARD (Visa, Master Card or Discover) <input type="checkbox"/>
FID No. 52-0799211	DATE _____