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**CHILD CARE CENTER
 SUMMER APPLICATION FOR REGISTRATION FORM 2009**

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:** _____
(Documentation Required)

CHECK ONE

TWO's KINDERGARTEN
 NURSERY SCHOOL AGE - 08/09 Gr. 1 - 7
 PRE-KINDERGARTEN

CLASS BEGINS ON _____

Circle the weeks your child will be attending (minimum of 4 consecutive weeks)
NOTE: If all weeks are not circled = bill for entire summer

CHILD ATTENDING WEEKS OF: 6/8, 6/15, 6/22, 6/29, 7/6, 7/13, 7/20, 7/27, 8/3, 8/10, 8/17, 8/24

I 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. **Registrations are accepted for a minimum of four (4) consecutive weeks.** Acceptance is contingent upon student's developmental readiness and space availability.
- 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.
- 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

(OFFICE USE ONLY)

REGISTRATION FEE \$75
Non-refundable
 (includes book fee, field trips, and activities fees.)

PROCESSED BY _____

TUITION DEPOSIT _____
Non-refundable
 (NEW STUDENTS ONLY)

CASH _____

CHECK _____

TOTAL _____

DATE _____

FID No. 52-0799211

(rev. 9/24/08) br