



Trinity Learning Center Half-Day Preschool

A Ministry of Trinity Lutheran Church

2535 Jefferson Road, Athens, Georgia 30607

Ph. 706-546-8081

www.trinity-athens.org

PROGRAMS:

2 Year Old Classes

T/TH \$160.00/mo.

M/W/F \$185.00/mo.

3 Year Old Classes

T/TH \$160.00/mo.

M/W/F \$185.00/mo.

M-F \$245.00/mo.

4 Year Old Classes

M/W/F \$185.00/mo.

M-F \$245.00/mo.

- \$5.00/mo. Sibling Discount
- 10% discount for members of Trinity Lutheran Church

Students must attain class age on or before September 1st.

APPLICANT

Child's Name: _____
(Last) (First) (Middle) (Preferred Name)

Birth date: _____ Age: _____ Sex: _____

Address: _____

City: _____ Zip: _____ Phone: _____

E-mail Address: _____

PARENT INFORMATION

Father's Name: _____

Place of Employment: _____

Cell Phone#: _____ Bus. Phone: _____

Mother's Name: _____

Place of Employment: _____

Cell Phone#: _____ Bus. Phone: _____

HOUSEHOLD INFORMATION

Church Affiliation: _____

Names and birthdates of other siblings: _____

Applicant's special interests: _____

Is your child toilet trained? (Yes or No) _____

MEDICAL

Emergency Medical Contact: _____

Child's Doctor: _____ Phone #: _____

Does your child have any allergies? (medications, food, insect bites):

Are there any medical/emotional concerns? _____

A medical release form and #3231 immunization form will be required before your child starts school.

MEDIA CONSENT

The media may request to videotape, interview, or photograph our students. Trinity Lutheran Church may request to use pictures for the website.

_____ **I do** approve the use of my child's picture.

_____ **I do not** approve the use of my child's picture.

We publish a school directory with the following information: Please indicate below information to be distributed to other parents. (Please cross off any items you do not want included.)

- Student name
- Parent name _____ **I do** want my info. included in the directory
- Address _____ **I do not** want my info. included in the directory
- Phone
- Email

A \$125.00 registration/supply fee (non-refundable) is required. Family max of \$175.00. Registration must be paid in full to secure your child's placement.

FOR OFFICE USE ONLY:

Reg. fee _____ Date _____ Check # _____ Med. Release _____ 3231 _____