



Trinity Learning Center

*Formally Trinity Lutheran Church
Child Development Center and
Trinity Lutheran Preschool*



Child's Name _____
Last First Middle Nick name

SSN _____ Birth date _____ Sex _____

Was your child premature? (if yes, how many weeks) _____

Previous child care experience _____

Who does this child live with _____ Church affiliation _____

Siblings – name and ages _____

Mother/Guardian's name _____

Address _____

Employer _____ Address _____

Home phone _____ Work phone _____

Cell phone _____ Alternate phone _____

Mother's occupation _____ Hobbies _____

Father/Guardian's name _____

Address _____

Employer _____ Address _____

Home phone _____ Work phone _____

Cell phone _____ Alternate phone _____

Father's occupation _____ Hobbies _____

Physician's name _____ Phone _____

Any known allergies _____

Any known medical problems _____

Contagious diseases child has had ___ measles ___ mumps ___ chicken pox ___ other _____

Any special procedures for caring for your child _____

(Please fill out reverse side)

Office use

Fulltime _____ Part Time _____ Classroom# _____ Application date _____ Start Date _____

Immunization cert. _____ Parent agreement _____ Allergy statement _____ CACFP form _____

Waiting list fee _____ Reg. Fee paid _____ Supply Fee paid _____

*Jesus said "Let the little children come to me, and do not hinder them,
for the kingdom of heaven belongs to such as these" Matthew 18.21*

