

**Trinity Lutheran Pre-School
2024-2025 Registration Form**

Child's Name _____ Date of Birth _____

Parent/Guardian Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number(s) _____

Email address _____



Has your child been baptized? _____

If so, when and where? _____

Present church affiliation of Parent/Guardian _____

How did you hear about our preschool? _____



I desire to enroll the above child for the following program:

- ___ Two Days per week \$160/month
- ___ Three Days per week \$210/month
- ___ Four Days per week \$260/month
- ___ Five Days per week \$300/month

Our class sizes are limited to 12 students per day, with a minimum of 4 students enrolled. Preference is given based on registration completion date. Please circle your preferred class days below. Should a day not be available, you will be contacted by the Director to make changes.

Monday Tuesday Wednesday Thursday Friday

My monthly tuition charge is \$_____ per month for nine months, September 2024 through May 2025.

This amount is due the **1st** of each month. **Past due accounts are charged \$30** after the **10th** of the month and will be billed to the next month's tuition automatically.

There is a non-refundable registration fee due at the time of registration.

- Early Registration: Students registering **on or before June 15th** are eligible for a reduced early registration fee of **\$30**.
- A registration fee of **\$40** applies to all students registering **on or after June 16th**.



I understand that my child needs to be completely potty-trained before the first day of school. I also understand that I am responsible for the following forms that must be **completely** filled out, signed, dated, and on file by my child’s first day of school:

- 2024-2025 Registration form
- ODJFS Enrollment and Health Information Form (JFS 01234)
- ODJFS Medical Statement/Shot Record (JFS 01305)
- 2024-2025 Parent Contract
- Multimedia Permission Form

(All forms are available for download at trinityzanesville.org/preschool)

Your signature(s) below indicate(s) that you understand and agree to the conditions of this Registration Form, including the monthly payment information and billing policy. Please consult the Parent Handbook available on our website for additional information.

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Parent/Guardian Signature

Mail or return all completed forms to:

Trinity Lutheran Preschool
128 S. 7th St. Zanesville, OH 43701

Checks should be made payable to **Trinity Evangelical Lutheran Church**.
If you have any questions or would like to schedule a tour of the facility, please contact the Preschool Director at (740)-453-3131

Registration Fee _____ Check # _____ Rec'd by _____ Date _____