



Preferred Days of Attendance M T W Th F
Hours of attendance _____

TRINITY LUTHERAN SCHOOL
4740 N. State Highway 83
Franktown, CO 80116
(303) 841-4660

EARLY CHILDHOOD EDUCATION CENTER REGISTRATION FORM 2018-2019

STUDENT'S

Last Name _____ First _____ Middle _____ Name to be called _____

Address _____ City/State _____ Zip _____

Home Phone _____ Baptismal Date mo / d / yr

E-mail _____ Subdivision _____

Birth Date mo / d / yr Sex: M F Child's ethnic origin: American Indian Asian Black Hispanic Caucasian Other T-Shirt Size _____

Father's Name _____ **Mother's Name** _____

Employer _____ Employer _____

Phone: HOME# _____ **Phone:** HOME# _____

WORK# _____ CELL# _____ WORK# _____ CELL# _____

MARITAL STATUS: MARRIED SEPARATED DIVORCED WIDOWED SINGLE

With whom does student presently reside? _____

DENOMINATION & CONGREGATION Where your church membership is held:

Father: _____ Mother: _____

STUDENT'S BROTHERS AND SISTERS:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

DIRECTORY INFORMATION: How would you like your family listed in our school directory?
 Full listing with e-mail. Name only (No phone, or address, or e-mail) Name & Address (No phone)

PUBLICITY PHOTOS:
My child's picture and name may appear in publicity materials and in the school yearbook. Yes No

HOW DID YOU HEAR ABOUT OUR SCHOOL? Newspaper Phonebook Drive by Other _____

Referred by _____

I certify that the information stated is correct. I will assume responsibility for the financial obligations as outlined on the fee schedule for my child while attending Trinity Lutheran School.

(Signature of parent or guardian)

Date

Trinity Lutheran School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. We do not discriminate on the basis of race, color, or national or ethnic origin in administration of our educational policies, admission policies, scholarships, athletics, or other school administered programs.

OFFICE USE ONLY

SUPPLY CHECK # _____ REC'D ON _____ BY _____ AMOUNT\$ _____
REG. CHECK# _____ REC'D ON _____ BY _____ AMOUNT\$ _____