

Trinity Academy Childcare Before/After School Registration

Child's Full Name _____
Last First Middle

Parent or Guardian's Name _____

Address _____

City _____ Zip _____ Phone _____

Child's DOB _____

Register my child for:

Days/time of class or grade attending _____

Childcare needs: (Please circle)

Monday Tuesday Wednesday Thursday Friday

Approximate hours needed for care: _____

Arrival time: _____ Departure time: _____

Members of Trinity Lutheran Church? Yes No

We currently do do not have a church home

Our family pastor is _____ at _____ church

How did you hear about Trinity Academy? _____

Please return this registration form and non-refundable \$40.00 registration fee to Trinity.

Trinity Academy admits students of any race, color, or national or ethnic origin to all the rights privileges, programs and activities generally accorded or made available to students at the academy. It does not discriminate on the basis of race, color, or national or ethnic origin.

