

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Texting Number \_\_\_\_\_

E-mail \_\_\_\_\_

**Preferred Contact Method:**

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Text \_\_\_\_\_

E-mail \_\_\_\_\_

**Trinity Staff – We have the following questions that we'd like addressed:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To reserve your child's seat in their respective class, please enclose a non-refundable registration deposit of \$50 per child for Preschool/Young-Fives and/or \$100 per child for Kindergarten payable to Trinity Lutheran School.**

**Please send Registration Form**

**and check to:**

**Trinity Lutheran School**

**Early Childhood Center**

**20 East Salzburg Rd**

**Bay City MI 48706**