

REGISTRATION FORM

Child's Name _____

Birthdate _____ Age _____

Sex _____

Parent/Guardian Name _____

Mailing Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Sessions:

(Age 3 & 4 – T/TH) AM _____ PM _____ Cost is \$75

(Age 4 & 5 – M/W/F) AM _____ PM _____ Cost is \$90

Please complete this form and send it along with the non-refundable \$20.00 registration fee to Trinity Lutheran Preschool, 203 N. Harth, Madison, SD 57042