

FIRST TRINITY PRESCHOOL 1570 Niagara Falls Boulevard, Tonawanda, NY 14150 (716) 835-2220 Debbie Ferrante, Director dferrante@FirstTrinity.com			2014 -15	
APPLICATION FOR ENROLLMENT (Please give complete information.)				
Class Applying For:				
<input type="checkbox"/> 4 Yr Mon - Fri		<input type="checkbox"/> 3 Yr Mon/Wed		<input type="checkbox"/> 2 Yr Wed
<input type="checkbox"/> 4 Yr Mon/Wed/Fri		<input type="checkbox"/> 3 Yr Tues/Thurs		<input type="checkbox"/> 2 Yr Fri
STUDENT INFORMATION				
Child's Last Name		Child's First Name		Preferred Name
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		City		State <input type="checkbox"/> Zip
Home Phone		Date of Birth		Child Lives With:
				<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Enrollment in other activities/classes:		Language spoken in child's home.		
		<input type="checkbox"/> English <input type="checkbox"/> Other _____		
How did you hear about our preschool?				
Sibling's Names & Dates of Birth:				
FATHER INFORMATION				
Father's Name		Home Phone (If different)		Cell Phone
				Preferred Number to Contact
				<input type="checkbox"/> Home <input type="checkbox"/> Cell
				<input type="checkbox"/> Other _____
Home Address (If different from Child's)		Email Address		Employer
MOTHER INFORMATION				
Mother's Name		Home Phone (If different)		Cell Phone
				Preferred Number to Contact
				<input type="checkbox"/> Home <input type="checkbox"/> Cell
				<input type="checkbox"/> Other _____
Home Address (If different from Child's)		Email Address		Employer
CHURCH INFORMATION				
Name of Church Attending				Baptismal Date
MEDICAL INFORMATION				
Physician's Name		Physician's Phone		Dentist's Name
				Dentist's Phone
Hospital Choice (If needed)				
Allergies, Birth Marks or Health Factors your child may have:				
REQUIRED PARENT PERMISSION				
Child's name, address, phone number, & birthday may be used on a class roster for Preschool families: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Parent Permission To Photograph I give the First Trinity Preschool staff permission to use photographs/videotapes of my child for hallway displays and for public relations including websites, newsletters, press releases, pamphlets, and displays used at speaking engagements. I understand that my child's last name will NOT be used with any of the above and that the pictures and articles are intended to project a positive image of the program and will be used accordingly. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Medical Waiver: In the event that injury or illness needs immediate attention and emergency contacts cannot be contacted, I hereby authorize the school to arrange transportation to the nearest hospital, which may render emergency treatment. In my absence, I give my consent to the physician to do whatever is deemed necessary to insure the safety of the above named child. <input type="checkbox"/> Yes <input type="checkbox"/> No				

Parent/Guardian Signature: _____ **Date:** _____

Instructions:

- ◆ Complete and sign this form.
- ◆ A non-refundable registration fee of \$50 per family must accompany this application.
- ◆ Tuition payments are due to office as per the tuition schedule. *Checks payable to: First Trinity Lutheran Church.*
- ◆ Medical Statement & Immunization Record (dated on or after September 8, 2013) are due by the first day of school.