

**TRINITY LUTHERAN CHRISTIAN PRESCHOOL  
2025-2026 ENROLLMENT FORM**

CHILD'S NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
NAME CALLED (The name you want on name tags and bag) \_\_\_\_\_  
CHILD'S BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GENDER (M/F) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
City \_\_\_\_\_, OH Zip Code \_\_\_\_\_  
FATHER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
Address if different from above \_\_\_\_\_ e-mail \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
Address if different from above \_\_\_\_\_ e-mail \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

**REGISTRATION FEE MUST ACCOMPANY FORM TO SECURE ENROLLMENT**

**Please check** the class you would like for your child to be in. Classes are filled according to availability and as enrollment forms and fees are submitted, on a first come, first serve basis.

**AM: Morning Classes meet from 9:00 to 11:30 am    PM: Afternoon Classes meet from 12:30 to 3:00 pm**

*Just a HOP, SKIP and a JUMP to Kindergarten . . .*

**Hoppers (3's and 4's Class)**

Child must be 3 by August 1

**Skippers (4's to early 5's Class)**

Child must be 4 by August 1

**Jumpers (5's to early 6's Class)**

Child must be 5 by October 1

**2 days/week options**

\_\_\_ Mon. & Wed. AM

\_\_\_ Tues. & Thurs. AM

**3 days/week options**

\_\_\_ Tues., Wed. & Thurs. AM

\_\_\_ Tues., Wed. & Thurs. PM

**4 days a week**

\_\_\_ Mon., Tues., Wed. & Thurs. PM

**3 days/week options (afternoon)**

\_\_\_ Tues., Wed. & Thurs. PM

**TUITION:** Tuition is paid September through May with the first payment due on your child's first day of preschool.

**2 days/week: \$160 month**

**3 days/week: \$185 month**

**4 days/ week: \$210 per month**

All children must be **toilet-trained** to attend preschool. Your child must have a **physician signed medical form** on file as required by state law prior to entering preschool. (This form will accompany your acceptance letter.)

**REGISTRATION FEE** (One registration fee per family): **\$60** This fee is non-refundable and must accompany the completed enrollment form to secure your child's placement in preschool. (\$35 for Trinity Lutheran Church members)

**SUPPLY FEE** (One fee per school year): Supply fees are based on the number of days your child will attend preschool.

2 days/week: **\$70** Supply fee

3 days/week: **\$80** Supply fee

4 days/week: **\$90** Supply fee

**PLEASE ENCLOSE** the non-refundable registration and supply fee with the completed enrollment form and bring it to the preschool or mail to Trinity Lutheran Christian Preschool, 135 E. Mound St., Circleville, OH 43113. If you have questions, please call Director, Val Trapp at 740-474-9870.

>>>>>>>>>>>>> **OVER** \*PLEASE COMPLETE BOTH SIDES OF THIS FORM\* >>>>>>>>>>>>>

## STUDENT INFORMATION RECORD

Do both parents live with the child? Yes \_\_\_\_\_ No \_\_\_\_\_ If NO, who does the child reside with?

Please list all persons living in the household other than parents:

Name	Age	Relation to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe your child: Shy \_\_\_\_\_ Quiet \_\_\_\_\_ Friendly \_\_\_\_\_ Cautious \_\_\_\_\_ Active \_\_\_\_\_

Aggressive \_\_\_\_\_ Outgoing \_\_\_\_\_ Nervous \_\_\_\_\_ Cooperative \_\_\_\_\_ Other \_\_\_\_\_

Name of School District your child will attend: \_\_\_\_\_

Is your child: right-handed \_\_\_\_\_ OR left-handed \_\_\_\_\_ OR are you unsure? \_\_\_\_\_

Does your child wear glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

CHILD'S ALLERGIES: \_\_\_\_\_

Please explain any additional medical, physical or other conditions your child may have that would help us to better understand your child and meet his or her needs: speech, hearing, vision, medical concerns, etc. (Some medical/physical concerns require additional paperwork that will be given to you at a later date.)

Are there family or custodial issues we need to be aware of? (By law, we cannot withhold a child from a parent unless there is legal paperwork on file at the school stating otherwise.)

Any other information that would help us in knowing and serving your child:

Is your child able to let an adult know when they need to use the bathroom? Yes \_\_\_\_\_ No \_\_\_\_\_

Can they take care of their bathroom needs? Yes \_\_\_\_\_ No \_\_\_\_\_

What church do you currently attend?

\_\_\_\_\_ (If you do not have a church home, Trinity Lutheran Church welcomes you to worship here. Programs and Sunday School available for children, youth and adults.)

