

FIRST TRINITY PRESCHOOL1570 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 Fri |
| | <input type="checkbox"/> 4 Yr Mon/Wed/Fri | <input type="checkbox"/> 3 Yr Tues/Thurs | <input type="checkbox"/> 2 Yr Tues/Thurs |

STUDENT INFORMATION

| | | | | |
|---|--------------------|--|-------------------------------|---------------------------------|
| Child's Last Name | Child's First Name | Preferred Name | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Address | | City | State | 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:** Yes 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. Yes 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. Yes 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.