

Registration Form 2021-2022



39020 Five Mile Road
Livonia, MI 48154
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www.tinytotslivonia.org

A Ministry of Holy Trinity Lutheran Church

Select Class** and Time:	3 Year Old Class		4 Year Old Class	4 Year Old Plus Class
	Tues/Thurs	Wed-PM <small>(Must be enrolled in T/TH Class. Max 10-15 pupils)</small>	Mon/Wed/Fri	Tuesday/Thursday <small>(Must be enrolled in a MWF Class. Max 10 pupils in each class)</small>
9:00-11:15 AM				
12:15-2:30 PM				

****Non-Refundable Registration and Materials Fee \$100**

****Second Child \$75.00**

Registration and Materials fee due at time of registration. **Make Checks Payable to Holy Trinity Lutheran Church**

Child's First Name _____ Last Name _____ Name Preferred _____ Male or Female / / Birth Date _____

Child's Address _____ City _____ Zip Code _____ **Home Telephone _____
** (This phone number will be used on class roster)

Does your child have allergies? Yes or No (Please Explain) _____
(Any medication administered to child must be accompanied by a physicians permission form)

If parent address different than child's, please fill in the address below.

Parent Name _____ Parent Address _____ City _____ Zip Code _____

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Mother's Telephone - Home _____

Father's Telephone - Home _____

Mother's Telephone - Cell _____

Father's Telephone - Cell _____

Primary Email address _____

(To send preschool info, calendars changes, etc./ will be on class roster)

Secondary Email address (Optional) _____

Other Members of the Household:

Name _____ Birth Date _____ Age _____ Sex _____ Relationship to Child _____

Were you referred to our preschool program? _____

If so, by whom? _____

OFFICE USE ONLY:	Registration and Materials Fee: \$100.00 _____	Check: _____
	Second Child Registration and Materials Fee: \$75.00 _____	Cash: _____
	Registration and Materials Fee <i>Mid Year</i> : \$50.00 _____	

Registration Form (Continued)

Marital Status of Parents: Married _____ Separated _____ Divorced _____

If parents are divorced or separated, please complete the following:

Who has custody of your child? _____ With whom does your child live? _____

Stepmother's Name _____

Stepfather's Name _____

GENERAL INFORMATION:

Is your child baptized? _____ Home Church _____ City _____

List any previous group experience(s) your child has had: _____

Do you speak a language other than English at home? _____ If so, list language _____

Are there any ethnic practices or holidays you would like us to know about? _____

What method of discipline do you find most effective? _____

Please list any special needs your child has. (*Medical, physical, emotional etc.*) _____

Please note any special information about your child that you feel Tiny Tots staff should know. (*Receiving special services, speech difficulty, temperament or general developmental concerns you are watching that we should be aware of*)

Please tell us your expectations of your child's preschool experience. _____
