

# Registration Form 2023-2024



39020 Five Mile Road  
Livonia, MI 48154  
Ph: 734-464-0256  
www.tinytotslivonia.org

A Ministry of Holy Trinity Lutheran Church

Select Class** and Time:	3 Year Old Class Tues/Thurs Wed-PM <small>(Must be enrolled in T/TH Class. Max 10-15 pupils)</small>	4 Year Old Class Mon/Wed/Fri	4 Year Old Plus Class 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? \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	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 _____	
<b>Tuition Fees:</b>	<b>2-Day program \$130.00</b>	<b>3-Day Program \$160.00</b>
		<b>Plus Program \$100.00</b>

**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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_