

# Registration Form 2024-2025



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		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 \_\_\_\_\_

Parent's Name(1) \_\_\_\_\_ Occupation \_\_\_\_\_ Parent's Name (2) \_\_\_\_\_ Occupation \_\_\_\_\_

Parent's Telephone - Home \_\_\_\_\_ Parent's Telephone - Home \_\_\_\_\_

Parents's Telephone - Cell \_\_\_\_\_ Parent's Telephone - Cell \_\_\_\_\_

Primary Email address \_\_\_\_\_ Secondary Email address ( Optional) \_\_\_\_\_  
(To send preschool info, calendars changes, etc./ will be on class roster)

### Other Members of the Household:

<u>Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>	<u>Relationship to Child</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_