

Registration Form 2026-2027



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 Classes		4 Year Old Classes	
	2 Day Program Tuesday/Thursday	3 Day Program Tuesday/Wednesday/Thursday	3 Day Program Monday/Wednesday/Friday	5 Day Program Monday-Friday
9:00-11:30 AM				
12:30-3:00 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 _____
(To send preschool info, calendars changes, etc./ will be on class roster)

Secondary Email address (Optional) _____

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? _____

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 _____	
Tuition Fees:	2-Day program \$150.00	3-Day Program \$200.00
		5-Day Program \$300.00

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 _____

What method of discipline do you find most effective?

Does your child currently receive any special services like speech therapy, occupational therapy or behavioral therapy?

Please list any special medical and physical needs your child has. (*Glasses, hearing aids, Diabetes, Cystic Fibrosis, Epilepsy, leg braces, sensory disorder, etc*)

Please note any special information about your child that you feel Tiny Tots staff should know. (*emotional, 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. _____
