

Holy Trinity Lutheran Preschool  
301 E. Lopez Ave., Port Angeles, WA 98362  
[www.go2trinity.org](http://www.go2trinity.org) (360) 452-2323

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

By what name do you wish your child to be called? \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail address: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Where employed? \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Where employed? \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are parents: Married  Divorced  Siblings Names & Ages \_\_\_\_\_

Has child attended preschool before? Yes  No  Where? \_\_\_\_\_

Please state general health condition of child: (Indicate any special problems or allergies)  
\_\_\_\_\_

In case of an emergency, when parents cannot be reached, who can come to the school to pick up the child?  
Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Address: \_\_\_\_\_

Which doctor should we call? \_\_\_\_\_ Phone # \_\_\_\_\_

Local Church affiliation: \_\_\_\_\_  
Our family attendance at church is: regular  occasional  don't attend   
Does child attend Sunday School? Yes  No

Please check the class for which you are enrolling:  
 2 day class - Tuesday and Thursday mornings for 3-4 year olds  
 3 day class - Monday, Wednesday and Friday mornings for 4-5 year olds (pre-kindergarten)

Whom may we thank for referring you to our school? \_\_\_\_\_

Please return the application form and registration fee of \$45.00 to the office at 301 E. Lopez, Port Angeles, WA 98362. (360) 452-2323 Scholarships are available. Applications are available in the church office.

Holy Trinity Lutheran Preschool admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admission policies, and scholarship program.

Persons authorized to pick up my/our child:

Name

Relationship

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