



Holy Trinity Lutheran Preschool
 301 E. Lopez Ave., Port Angeles, WA 98362
 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: _____

Primary phone number: _____

Primary E-mail address: _____

Father's Name: _____ Cell phone Number _____ Email address _____

Where employed? _____ Phone Number: _____

Mother's Name: _____ Cell phone Number _____ Email address _____

Where employed? _____ Phone Number: _____

Are parents: Married [] Divorced [] Separated [] Partners []

do you have a parent plan? We will need a copy of that for your child's files

[] yes, [] no

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 - Thursday and Friday for 3-4 year olds

[] 3 day class - Monday, Tuesday, and Wednesday 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

Phone Number
