

Trinity Lutheran Early Learning Center's Emergency Care Registration Form

Child's Name:

Child's DOB: _____

Child's Name:

Child's DOB: _____

Returning Student

New Student

Dates of planned attendance:

Anticipated Start Date: _____

Parent 1 Name: _____

Email : _____

Parent 2 Name: _____

Email : _____

Payment Options:

My registration fee will be paid via check.

My registration fee will be paid via cash.

My registration fee will be paid via credit card.

My emergency card is filled out and signed.

Parent Signature: _____ Date: _____