

**2010/2011 Registration Form**  
**Trinity Lutheran Preschool/Kindergarten**  
**2101 10<sup>th</sup> Avenue ~ Leavenworth, KS 66048**  
**(913) 682-4747 ~ email: tlcccc@sbcglobal.net ~ Fax: (913) 682-7767**

**Registration Fee: \$75.00 non-refundable, must be paid in advance to confirm your slot.**  
**Checks payable to TLCCCC, may be given to Tobye Baeuchle in the School Office.**  
**A 10% discount will be applied to the total tuition for multiple students.**  
**A registration confirmation will be given to you by email or letter,**  
**upon receipt of your registration fee.**

<b>3 year</b>	<b>9:00-11:30 or 12:45-3:15</b>	<b>T/TH</b>	<b>\$135.00 monthly (Sep-May)</b>
<b>3 year</b>	<b>9:00-11:30</b>	<b>M/W/F</b>	<b>\$175.00 monthly (Sep-May)</b>
<i>3 year students must be 3 by Aug 31, 2010</i>			
<b>4 year</b>	<b>8:45-11:45 or 12:45-3:45</b>	<b>M/W/F</b>	<b>\$185.00 monthly (Sep-May)</b>
<i>4 year students must be 4 by Aug 31, 2010</i>			
<b>Kind/Pre-K</b>	<b>8:30-11:30 or 12:45-3:45</b>	<b>M-F</b>	<b>\$240.00 monthly (Sep-May)</b>
<i>Kind students must be 5 by Aug 31, 2010 ~ Pre-Kind students must be 4 by May 1, 2010</i>			

**Return the bottom portion of this form along with \$75.00 registration fee to Tobye Baeuchle in the School Office, to confirm your class assignment for 2010/2011.**

**Child's Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Please print

**Parents Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Cell** \_\_\_\_\_ **Home** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Please check class preferred**

\_\_\_\_\_ **3 year – T/Th – 9:00-11:30**                      \_\_\_\_\_ **3 year – T/Th – 12:45-3:15**

\_\_\_\_\_ **3 year – M/W/F – 9:00-11:30**

\_\_\_\_\_ **4 year – M/W/F – 8:45-11:45**                      \_\_\_\_\_ **4 year – M/W/F – 12:45-3:45**

\_\_\_\_\_ **Kind/Pre-K – 8:30-11:30**                      \_\_\_\_\_ **Kind/Pre-K – 12:45-3:45**

**T-shirt size**                      **small(6-8)**\_\_\_\_\_ **med(10-12)**\_\_\_\_\_ **large(14-16)**\_\_\_\_\_

**School Administrator will complete the information below this line**

**Teacher** \_\_\_\_\_ **Reg fee** \_\_\_\_\_ **date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Fin Mgr** \_\_\_\_\_ **date** \_\_\_\_/\_\_\_\_/\_\_\_\_