

# Trinity Family Learning Center

16928 Evans Road

Bonner Springs, KS 66012

Phone: 913-724-4441

E-mail: [tflcdirector@gatheringinchrist.org](mailto:tflcdirector@gatheringinchrist.org)

## Application for Enrollment

### Child Information

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Anticipated Schedule Need \_\_\_\_\_

### Mother/Guardian Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

### Father/Guardian Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Please return this form with a registration check for \$30 (\$50 if enrolling more than one child) to TFCLC.

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#### Office Use Only

Registration \$30/\$50 \_\_\_\_\_

Application Date \_\_\_\_\_

Estimated Start Date \_\_\_\_\_

#### Enrollment Needs

Toddler Care \_\_\_\_\_ FT \_\_\_\_\_ PT

Preschool Care \_\_\_\_\_ FT \_\_\_\_\_ PT

School Age \_\_\_\_\_ AM \_\_\_\_\_ PM