

Registration Form

2024-25

Child's Name: _____

Birthdate: _____ Age: _____ Gender: _____

PREFERRED Session:

Ages 3 & 4 – T/TH
\$95/month

8:00-11:00 a.m.

12:30-3:30 p.m.

Ages 4 & 5 – MWF
\$125/month

8:00-11:00 a.m.

12:30-3:30 p.m.

Parent/Guardian Name: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Please send completed form along with a \$25 registration fee to Trinity Lutheran Preschool at the mailing address provided or via email to preschool@tlcmadison.com.