



# Tallmadge Christian Preschool

759 East Ave. Tallmadge, Ohio 44278

Phone # 330-633-4908

Email: LMiller@tlcoh.org

## Student Registration:

Registration fee **MUST** accompany this form to insure your child's place in the center.

Student's Name		Name to be used in class	Gender	Date of Birth	Today's Date
Address		City	Zip Code	Home Phone #	
Session Request	<b>3-4 yr. Old Class 9:00-11:30am.</b> Child is 3 yr. old by Sept. 1 <sup>st</sup>	<b>4-5 yr. Old Class Mon. Wed. &amp; Fri.</b> Child is 4 by Sept. 1 <sup>st</sup> may or may not be in kindergarten in fall '20		<b>Pre-K Class Mon. through Friday</b> Child is 4 by Sept. 1 <sup>st</sup> & will be in kindergarten in fall '20	
	Tues. & Thurs. <input type="checkbox"/> Wed. & Fri. <input type="checkbox"/>	9:00-11:30 A.M. <input type="checkbox"/> 12:15-2:45 P.M. <input type="checkbox"/>		9:00-11:30 A.M. <input type="checkbox"/>	

Classes must have a minimum of 6 students registered by May 31<sup>st</sup> for class to be held.

Parents will be notified if there is a change in class schedule by June 5<sup>th</sup>.

**CHILDREN MUST BE Toilet Trained & IN UNDERWEAR TO ATTEND for all 3's, 4's & Pre-K classes. NO PULL UPS**

Has your child attended preschool/daycare before?  
 Yes  No If yes, Where?

## Parent/Guardian Information:

Parent/Guardian 1's Name		Cell Phone #:	Email Address:		
Relation to child	Address if different than child's		City	Zip Code	
The following information can be included in the class roster. <input type="checkbox"/> Name <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email <input type="checkbox"/> Address					
Parent/Guardian 2's Name		Cell Phone #:	Email Address:		
Relation to child	Address if different than child's		City	Zip Code	

Is there a legal custody agreement regarding your child? Yes  No   
 Please provide a copy for the center.  Copy already on file.

With whom does the child reside?

The following information can be included in the class roster. Name Cell # Home # Email Address

## I give permission for Tallmadge Christian Preschool to:

- Yes  No  use my child's photo on the display at church for Preschool/church members to see.
- Yes  No  use my child's photo on Tallmadge Christian Preschool or Tallmadge Lutheran Church Facebook page.
- Yes  No  use my child's photo for advertising for Tallmadge Christian Preschool program.
- Yes  No  for my child to use hand sanitizer.

## Church Information:

Are you a member of a Christian Church? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has your child been baptized? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you interested in learning more about what Tallmadge Lutheran Church has to offer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**By typing your Full Name as an Electronic Signature you are indicating your acceptance of terms therein.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_