

**Holy Trinity Lutheran Church and School**  
**1 N. Marigold Drive Covington LA 70433**  
**985-892-6146 Fax 985-892-3012**

2017-2018 School Year

<input type="checkbox"/> Five full-day program (M – F, 8:00 a.m. – 3:00 p.m.)
<input type="checkbox"/> Three full-day program (MWF, 8:00 a.m. – 3:00 p.m.)
<input type="checkbox"/> Two full-day program (if available)

<input type="checkbox"/> Toddler Class
<input type="checkbox"/> 2-Year-Old Class
<input type="checkbox"/> 3-Year-Old Class
<input type="checkbox"/> 4-Year-Old Class

**Enrollment Information**

Child's Name \_\_\_\_\_ Goes by: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Baptism Date and church \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_

Siblings' names and ages: \_\_\_\_\_  
\_\_\_\_\_

Church Family Attends \_\_\_\_\_

Does your child have food allergies? Yes No

Does your child have any other allergies? Yes No

If so, please list them. \_\_\_\_\_

Does your child have any dietary restrictions? Yes No

Does your child have any special needs or health concerns? Yes No

If so, please list them. \_\_\_\_\_

Please list the names of schools previously attended beginning with the most recent:

Name	Years Attended
_____	_____
_____	_____
_____	_____

Any known behavioral or learning problems? \_\_\_\_\_

Diagnosis \_\_\_\_\_

Please include a copy of any educational evaluation with this application.

Does the student have any fears or anxieties of which the staff should be aware? \_\_\_\_\_

How did you hear about Holy Trinity Lutheran Preschool? \_\_\_\_\_