



Trinity Lutheran  
Child Development  
Center

**Registration Form**

*If you have any questions about this registration form, please contact  
Carol Copeland at (320) 230-9116 or [childcenter@trinitysr.org](mailto:childcenter@trinitysr.org)*

*Return this form with your \$25 registration fee to the following address:  
Trinity Lutheran Child Development Center  
2163 Mayhew Lake Road NE \* Sauk Rapids, MN 56379*

**+CHILD'S CONTACT INFORMATION**

Child's Name \_\_\_\_\_ Sex M F  
Age (Years and Months on Jan. 1, 2010) \_\_\_\_\_ Birth Date \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Name of Church Child Attends \_\_\_\_\_  
Does the Child Attend Sunday School? Yes No Is the Child Baptized? Yes No

**+FATHER'S CONTACT INFORMATION**

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_  
Working Hours \_\_\_\_\_ Church Father Attends \_\_\_\_\_

**+MOTHER'S CONTACT INFORMATION**

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_  
Working Hours \_\_\_\_\_ Church Mother Attends \_\_\_\_\_

**+SCHEDULE OPTIONS**

Fulltime 6:15 am – 6:00 pm daily (includes lunch) \$850/month \_\_\_\_\_  
(includes preschool monthly rate)  
Flex Rate hourly rate for children attending \$4.25/hour \_\_\_\_\_  
less than full time  
Food Fee Daily rate (all meals and snacks) \$3.00/day \_\_\_\_\_  
Or Daily rate (all except hot lunch) \$1.00/day \_\_\_\_\_  
After School Care 2:30 pm – 6:00 pm \$9.00/day \_\_\_\_\_

Days and hours of care needed \_\_\_\_\_

**OFFICE USE ONLY** \$25 Registration Fee Received \_\_\_\_\_

Check No. \_\_\_\_\_ Cash \_\_\_\_\_

01/10

Received by \_\_\_\_\_ Date \_\_\_\_\_