



Trinity Lutheran  
Child Development  
Center

**2011 Summer Registration Form #2**

*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 June. 1, 2011) \_\_\_\_\_ 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	6:30 am – 5:45 pm daily (includes camp)	\$175/week	_____
Halftime	6:30 am -12:15 pm (includes camp)		
	<b>OR</b> 12:00 pm -5:45 pm	\$20/day	_____
Camp	8:30 am – 11:30 am	\$50/week	_____
Afternoon Explore	1:00 – 2:00 pm	\$4.25	_____
Flex Rate	hourly rate	\$4.25/hour	_____
Food Fee	Daily rate (milk with lunch, snacks)	\$1.00/day	_____

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

**OFFICE USE ONLY** \$25 Registration Fee Received \_\_\_\_\_ Check No. \_\_\_\_\_

4/11 Cash \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_