Trinity Lutheran Preschool/Daycare

2801 Belvedere Dr. - Billings, MT 59102
406-651-1016
www.trinitybillings.org

"Touched by Christ,
Touching Others with Christ"

ENROLLMENT FORM 2012-2013

Dear Parents, February 28, 2012

Greetings from **Trinity Lutheran Preschool/Daycare.** Our preschool program has continued to grow along with our full time daycare. The times and days for classes and daycare are listed below. The daycare is open all year, including the summer months. Children must be at least 3 and potty trained for enrollment in either program.

Pre-School Classes are: **Pre-K for 4 & 5 year olds –** Monday, Wednesday and Friday from 8:30 – 11:00 A.M.
3 & 4 year olds - Tuesday & Thursday from 8:30 – 11:00 A.M.

Daycare hours are Monday – Friday from 7:30 A.M. – 5:30 P.M.

There is a $50.00 Annual Enrollment Fee for the Preschool which will be used to cover costs of materials and curriculum.

Rates for the Preschool only are: **$80 per month for the Tuesday/Thursday Session**
$100 per month for the Monday/Wednesday/Friday Session

We will be offering a special rate for those families enrolled in full-time daycare and preschool.

2 Day Preschool with Full time Daycare rate is $400 per month
3 Day Preschool with Full time Daycare rate is $410 per month

The rate for the Daycare is: **$360 per month for Full time**
$200 per month for the before and after Kindergarten program
$20 per day for over 5 hours per day
$ 4.00 per hour for part-time and drop-in

Parent Name(s) _____

Address _____ Zip Code_____

Home Phone _____ Work Phone _____

Children Registering For Preschool

Name: _____M___ F____ Age _____ Birthday _____ 2 Day _____ 3 Day _____

Name: _____M___ F____ Age _____ Birthday _____ 2 Day _____ 3 Day _____

Name: _____M___ F____ Age _____ Birthday _____ 2 Day _____ 3 Day _____

_____
(Parent/Guardian Signature)

We are also interested in Daycare: _____ Full Time with Preschool _____ Part time with Preschool

Enrollment Fee Enclosed _____

For office use only:

Amt. received _____ Date Received _____Check # _____Received by _____