

**TRINITY LUTHERAN SCHOOL  
TLC ECDC**

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**2026-2027  
PRESCHOOL/KINDERGARTEN  
READINESS ENROLLMENT  
APPLICATION**

**STUDENT INFORMATION:** (please print)

**Student #1** (circle) **1)** PRESCHOOL AM **2)** PRESCHOOL FULL DAY **3)** KINDERGARTEN READINESS

Child's Legal Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School District \_\_\_\_\_ Ethnicity \_\_\_\_\_

Nickname child goes by: \_\_\_\_\_ Name to be written on school work \_\_\_\_\_

My child tends to be: \_\_\_\_\_ Left-handed \_\_\_\_\_ Right-handed \_\_\_\_\_ Unsure

Are there any specific fears your child has? \_\_\_\_\_

Previous preschool experience? \_\_\_\_\_ Extra services? (IEP, Speech, etc.) \_\_\_\_\_

Child **primarily** resides with: (check **one**) \_\_\_\_\_ both (one residence) \_\_\_\_\_ Mother \_\_\_\_\_ Father

Has this child been baptized in the name of the Father, Son and Holy Spirit? \_\_\_\_Yes \_\_\_\_No \_\_\_\_Dedicated

Medical Information school staff should be aware of (**allergies**, medications, health problems, activity restrictions):  
\_\_\_\_\_  
\_\_\_\_\_

**Student #2** (circle) **1)** PRESCHOOL AM **2)** PRESCHOOL FULL DAY **3)** KINDERGARTEN READINESS

Child's Legal Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School District \_\_\_\_\_ Ethnicity \_\_\_\_\_

Nickname child goes by: \_\_\_\_\_ Name to be written on school work \_\_\_\_\_

My child tends to be: \_\_\_\_\_ Left-handed \_\_\_\_\_ Right-handed \_\_\_\_\_ Unsure

Are there any specific fears your child has? \_\_\_\_\_

Previous preschool experience? \_\_\_\_\_ Extra services? (IEP, Speech, etc.) \_\_\_\_\_

Child **primarily** resides with: (check **one**) \_\_\_\_\_ both (one residence) \_\_\_\_\_ Mother \_\_\_\_\_ Father

Has this child been baptized in the name of the Father, Son and Holy Spirit? \_\_\_\_Yes \_\_\_\_No \_\_\_\_Dedicated

Medical Information school staff should be aware of (**allergies**, medications, health problems, activity restrictions):  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY INFORMATION:** (please print)

**Father's Full Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Education: \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Trinity Lutheran \_\_\_\_\_ Other (please list) \_\_\_\_\_ None \_\_\_\_\_

**Mother's Full Name** \_\_\_\_\_

(if different from father) Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Education: \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Church Membership: \_\_\_\_\_ Trinity Lutheran \_\_\_\_\_ Other (please list) \_\_\_\_\_ None \_\_\_\_\_

**Names & birthdates of children in family not enrolled in TLS:**

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS:**

The school staff will always try to contact the parents first in the event of an illness or emergency concerning your child(ren). However, if we are unable to reach you, please list two names below (in order of preference) that we can call: (please print)

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

**TRANSPORTATION:**

The following people also have permission to pick up our child(ren)--you may add to or delete from this list any time during the course of the school year: (please print)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Will your child be coming from or going to a Childcare Provider? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Childcare Provider \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

We hereby give permission to Trinity Lutheran School for our child(ren) to be transported by Paw Paw School Bus for field trips or other school function purposes. (**Please initial** \_\_\_\_\_)

**CHILD(REN)'S MEDICAL INFORMATION:** (please print)

Doctor: \_\_\_\_\_  
(Name) (Office Address) (Office Phone #)

Dentist: \_\_\_\_\_  
(Name) (Office Address) (Office Phone #)

Health Insurance Policy Name and Number: \_\_\_\_\_

My child(ren) is/are in good health and able to participate in school activities with \_\_\_\_no restrictions / \_\_\_\_restrictions as listed.  
(**Please initial** \_\_\_\_\_)

In the event of a medical emergency concerning our child(ren), we hereby give Trinity Lutheran School permission to seek medical attention at Lakeview Community Hospital, Paw Paw. (**Please initial** \_\_\_\_\_)

**\*\*Photo Disclaimer:** By enrolling your child(ren) at Trinity Lutheran School you are also granting general permission for still and live photography to be captured by TLS for purposes of marketing and public relations. No names are used with pictures. (Any family with a special circumstance is obligated to inform the office in writing of their inability to participate in this way.)

*We want a Christ-centered education for our child(ren). It is for that reason we are enrolling our child(ren).*

*We want Christ in our family life, also. To this end we commit ourselves to regular church attendance, family devotions and Bible study.*

*We plan to set a proper example for our child(ren) and we expect them to grow in leading a sanctified life. Love, repentance and forgiveness will be important parts of this life in Christ.*

*We ask God's help in this endeavor.*

\_\_\_\_\_  
Father's signature and date

\_\_\_\_\_  
Mother's signature and date

ALL PRESCHOOL STUDENTS MUST HAVE A CURRENT (2026) HEALTH APPRAISAL  
—SIGNED BY THEIR DOCTOR—  
ON FILE IN THE SCHOOL OFFICE BEFORE PRESCHOOL CLASSES BEGIN IN AUGUST!  
(A Health Appraisal form may be obtained in the school office.)

**A COPY OF YOUR CHILD(REN)'S CURRENT IMMUNIZATION  
RECORD(S) MUST ALSO BE ATTACHED TO THIS ENROLLMENT  
FORM BEFORE SUBMITTING IT TO THE SCHOOL OFFICE.**

**\*\*If you are new to our school and were referred to us by a current TLS family, please indicate below:\*\***

REFERRED BY: \_\_\_\_\_

Office Use Only:

Received \_\_\_\_\_

Amount collected \_\_\_\_\_

