



Trusting Hearts Preschool 2017 - 2018

916 Pine Street
Manitowoc, WI 54220
920-684-3404

www.ilutheran.org/preschool

Please fill out and return this form to the school office along with a \$55.00 nonrefundable application fee.

Name of preschooler: _____ M or F Age: _____

Birth date: _____

Parents' names: _____

Address: _____

Home phone: _____ Cell phone: _____

Email address: _____

(Please choose a frequently used address. This will be used to send preschool information and updates.)

Church membership: _____

Signature: _____

Please indicate your choice below in order of preference: (1,2,3,4)

Morning
(8-11 AM)

Afternoon
(12-3 PM)

Mondays, Wednesdays & Fridays
\$95.00 per month

Monday - Friday
\$150.00 per month

How did you hear about us? _____

Do you plan to use our Wrap Around Care?

Yes _____

No _____

(Beginning at 6:40 AM - for children enrolled in morning session)

(Available 11:00 AM to 6:00 PM)

Office use only:

_____ deposit paid

_____ date received