



TRINITY

LUTHERAN FREISTADT

Intent to Enroll

Notes (for office use only):

First Parent/Guardian Information

Name: _____

Address: _____

Cell Phone: _____ Home Phone (if different): _____

Employer Name: _____ Work Phone: _____

Email Address (required): _____

Second Parent/Guardian Information

Name: _____

Address: _____

Cell Phone: _____ Home Phone (if different): _____

Employer Name: _____ Work Phone: _____

Email Address (required): _____

Children	Date of Birth or Due Date & Grade	
Name: _____	_____	M F
Name: _____	_____	M F
Name: _____	_____	M F
Name: _____	_____	M F
Name: _____	_____	M F

My child(ren) will need care starting on (date) _____

Days of requested care: TLECC Hours M-F 7:00am-5:45pm
Schedule must be consistent weekly. We do not offer flexible scheduling.

Monday	Tuesday	Wednesday	Thursday	Friday

I am interested in the 3K/4K Pre-School program at Trinity and would like more information.

READ AND SIGN: I understand that completion of this Intent to Enroll Form does not guarantee admission into the childcare, but is the first step in the process of obtaining enrollment at TLECC for my child(ren).

I wish to be placed on the waiting list if there is no availability at the time of intent to enroll.

Signature

Date



Tuition Express Authorization Form

*Automated Payment System
Safe – Convenient – Easy*

We offer the safety, convenience and ease of automatic tuition payments. Your payment will be safely and securely processed by Trinity Early Childhood Center using Tuition Express® giving you peace of mind that your tuition has been paid on time.

Payment Schedules

Childcare House	Automatically withdrawn, via Tuition Express, on the first business day of the week according to schedule contract
3K Preschool	Automatically withdrawn, via Tuition Express, on the first business day of the month according to Financial Obligation Agreement
Extended School Care	Automatically Withdrawn, via Tuition Express, on the first business day of the month for that month's anticipated care needs

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT OR CREDIT CARD (VISA or MC)

I (we) hereby authorize Trinity Early Childhood Center to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice.

COMPLETE ONE (1) SECTION ONLY

SECTION A (Credit Card [VISA or MC]; Extra processing fee for Trinity)

Cardholder Name	Phone #
Cardholder Address	City
	State
	Zip
	VISA or MC
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account [Checking or Savings])

Your Name	Phone #
Address	City
	State
	Zip
	Checking or Savings
Routing Transit Number	Account Number
Authorized Signature	Date

For Office Use Only

Date Received / Initials
Date Entered / Initials