

Trinity Lutheran School and Childcare Account Information

Customer ID#		SS# or Driver's License Number	
Parent's Last Name		Parent's First Name	Middle Initial
Street Address			
City		State	Zip Code
Phone Number		Alternate Phone Number	
Email Address			
Employer Name and Phone Number			
Child's Name	Service	Contract Rate	Start Date

Additional Comments: _____

I have been given a copy of the parent handbook which explains the rates and terms and I agree to abide by them.

Signature _____

Date _____