

**Trinity Lutheran MOTHERS Morning Out
Registration 2020-2021**

Child=s Name _____	Date of Application _____
Nickname _____	Birth date _____
Address _____	Home Phone _____
_____	Email _____
Mother=s Name _____	Work Number _____
Occupation _____	Cell Phone _____
Father=s Name _____	Work Number _____
Occupation _____	Cell Phone _____

List of siblings, name, ages & school:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Religious affiliation_ (name of church) _____

Nearest neighbor of relative in case of an emergency:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Doctor _____ Phone _____

Dentist _____ Phone _____

In case of an emergency, my child may be taken to _____
(hospital)

Food sensitivities _____ Does your child have asthma? ___ inhaler? ___

Allergies _____ Does your child have an epi-pen? _____

Any important information you would like to share about your child such as habits, likes, dislikes, illnesses _____

I give my permission for the school to administer first aid to my child, _____

Signed _____.

I give my permission for _____ to participate in any class activity or trip during the school year thereby releasing the school from any liability.

Signed _____ Date _____

Please Check:

Room B 2 years old by September 1: Monday Tuesday Wednesday Thursday Friday

Room A Under 2 years old by Sept. 1: Monday Tuesday Wednesday Thursday,

2020-2021 School Year

Registration fee due at the time of application \$ 25.00

The school year is divided into 4 sessions. Payments are made during the months of September, November, February and April. Tuition is based on the number of days per week your child participates in the program. Bills will be posted outside the classroom at the beginning of each session. The fee per day is \$33.50 for the first day. The second day is \$33.00

Arrival 9:00 A.M.

Dismissal 11:30 A.M.

At dismissal, my child will be taken home by:

At dismissal, we need to see a driver=s license as proof of identification. The teachers will list the names of people permitted to pick up the child in the classroom.

Signature of parent_____

Signature of director_____

Early morning drop off.....8:00FREE

Lunch Bunch.....11:30 to 1:30\$10.00

PLEASE BRING A COPY OF YOUR CHILD=S INOCULATION

Does your child receive services from Early Intervention? Yes No

If yes, please send us a copy of the IEP.....Thank you

If you currently do not have a home church, would you like a visit with the Pastor of Trinity? Yes or No

Trinity Lutheran Nursery School & Mothers= Morning Out

Child's Full Name _____

Class _____

Emergency Contact information:

In the order of notification (list mom as #1)

Name	Relation	Phone number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

People Permitted to pick up your child from school:

Name	Relation	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Allergies: _____

Food Sensitivities _____

Does your child have asthma? yes or no

Does your child have an inhaler ? Yes or no

Does your child have an epi pen? yes or no

e mail address _____

Photo release:

Permission for my child, _____ to have their picture taken for publication on the church's web site, school's facebook page and the local paper

Yes, I give my permission

No, I do not give my permission

Signed _____ **Date** _____

Please include a copy of your child's inoculation record before school begins

Please attach photo