

Trinity Lutheran Nursery School
Registration
2020-2021



Child's Name _____ Date of application _____
Nickname _____ Birth Date _____
Address _____ Phone _____
_____ Email address _____

Mothers' Name _____ Work Number _____
Occupation _____ Cell Phone _____
Father's Name _____ Work Number _____
Occupation _____ Cell Phone _____

List of siblings, name , school presently attending and ages:

Religious affiliation _____ Church Name _____

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? _____

Allergies _____

Does your child have an inhaler? _____ or 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 _____

Return the Registration form and Pick up form with the Registration fee

Please return a copy of your child's inoculation schedule before classes begins in September

Please check:

Nursery Class (3 year old A.M. program) 9 to 11:30

2 day Monday and Wednesday class_____

2 day Tuesday and Thursday class_____

(the 2 day Nursery class offers an optional 3rd day, Friday)

(if interested, please check here _____)

3 day Tuesday, Wednesday, Thursday class_____(optional 4th day on Friday)_____

5 day Nursery class_____



Pre-K (4 year old A.M. program)9 to 11:30

5 day Monday thru Friday_____

4 day Monday thru Thursday class_____

3 day Tuesday, Wednesday Thursday class_____

Pre-K class. 8:45 to 1:45

5T day Monday thru Thursday 8:45 to 1:45

Friday 8:45 to 11:30 _____

Fees:

Registration:

Activity

5 day \$ 40.00

Pre-k classes \$22.00

4 day \$ 40.00

Nursery classes \$20.00

3 day \$ 35.00

2 day \$ 30.00

Arrival and Dismissal

A.M. classes 9 to 11:30

5 day pre-k class 8:45 to 1:45 Monday thru Thursday ,
8:45 to 11:30 Fridays

****EARLY MORNING ARRIVAL 8:00FREE*******

Tuition fees:

2 day program \$190.00

3 day program \$ 225.00

4 day program \$255.00

5 day program \$ 285.00 (9 to 11:30)

5 day transitional program \$320.00 (8:45 to 1:45)...Friday (9 to 11:30)

*******Lunch Bunch..11:30 to 1:30..fee is \$10.*******

*******LATE SHOW 1:30 to 3:00...fee is \$10 3:00 to 5:00...the fee is \$10.00**

Payment is due the first school day of each month for 9 months. The fee is \$_____a month

Signature of Parent_____

Does your child receive services from DCIU or Early Intervention?_____

If your child has an IEP, please give a copy to the teacher and one to the director

If you do not have a home church , would you like to have the Pastor visit you? Yes or No

2020-2021

Trinity Lutheran Nursery School & Mothers' Morning Out

Child's Name _____

Days and Room child is enrolled

Emergency Contact information:

In the order of notification (include parents)

Name	Relation	Cell number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

People Permitted to pick up your child from school:

Name	Relation	Cell Number
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

