

# 2020 Trinity Lutheran Nursery School

Summer Session at Trinity

May 26 to July 30

(no camp June 30 July 1 July 2)

Tuesday, Wednesday & Thursday mornings 9 to 11:30 \$75.00 a week

2 mornings 9 to 11:30 \$ 55.00 a week

Lunch Bunchers until 1:30 ( \$10.00 a day) Late Show 1:30 to 3:00 ( \$10.00 a day)

## Registration

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ e mail address \_\_\_\_\_

Phone \_\_\_\_\_

Class presently attending \_\_\_\_\_

Allergies \_\_\_\_\_

Food Sensitivities \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_



I give permission for my child \_\_\_\_\_ to receive EMT

\_\_\_\_\_ (signature)

Please circle the weeks you are interested in participating and on the line next to the week fill in the number of days...2 or.3

Please complete and return with the fee for the first week of participation before May 1st.

Weeks participating \_\_\_\_\_ Amount due \_\_\_\_\_

Please return the form to school before May 1<sup>st</sup> with a \$75.00 deposit which will be credited to the first week of camp.

May 26..... "Harry Potterville". \_\_\_\_\_

June 2..... "Star War's Space Frontier" \_\_\_\_\_

June.9..... "Super Heroes" \_\_\_\_\_

June 16..... "Disney Magic" \_\_\_\_\_

June 23..... "Made in the USA" \_\_\_\_\_

July 7 ..... "Digging for Dinosaurs" \_\_\_\_\_

July 14.... ."Creepy Crawlers" \_\_\_\_\_

July 21....."Under the Sea" \_\_\_\_\_

July 28.....Olympics \_\_\_\_\_

**PLEASE COMPLETE THE REVERSE SIDE PICK UP INFO**

# Trinity Lutheran Nursery School & Mothers' Morning Out

Child's Name \_\_\_\_\_

Class \_\_\_\_\_

## Emergency Contact information:

In the order of notification

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 \_\_\_\_\_

I give my permission for my child \_\_\_\_\_, to have his/her photo taken at school for our facebook page and web page.

Please attach photo

