

# Trinity Lutheran MMO Summer Session 2020

June 16 to July 30

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

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

Lunch Bunchers 11:30 to 1:30 ..(\$10.00 a day) ...Late Show 1:30 to 3:00 (\$ 10.00)

## Registration

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

Address\_\_\_\_\_ Cell #\_\_\_\_\_

Phone\_\_\_\_\_

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

Allergies\_\_\_\_\_

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

In Case of emergency:

Name.....Phone#

Name.....Phone#

I give my permission for my child .....to receive Emergency Medical Treatment

**Please Circle the weeks you are interested in participating and on the line next to it fill in the number of days 2 or 3**

June 16.....Here Comes The Sun\_\_\_\_\_

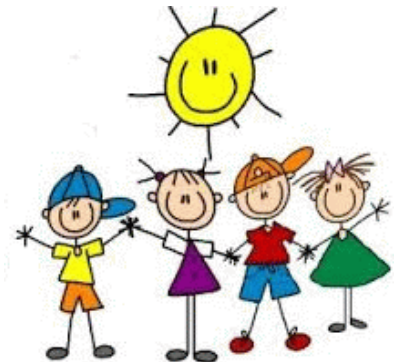
June 23.....4th of July\_\_\_\_\_

July 7.....We=re Going Camping\_\_\_\_\_

July 14.....Five Little Monkeys\_\_\_\_\_

July 21..... Teddy Bear Picnic \_\_\_\_\_

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



Please complete and return with the fee for the first week of participation before May 1<sup>st</sup>

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

**Please complete the reverse side**

# 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 her photo taken at school for our facebook page and web page. Yes no

Please attach photo

