

**Trinity Lutheran Nursery School & Mothers' Morning Out  
Kindergarten Enrichment Registration 2020-2021**

Child's Name \_\_\_\_\_ Kindergarten School \_\_\_\_\_  
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 child attends \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Religious affiliation \_\_\_\_\_

Nearest neighbor or relative in case of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
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 epi\_pen \_\_\_\_ or  
inhaler? \_\_\_\_

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 (monthly payment) & note **which days your child will be attending**

**Trinity**

\_\_\_ 2 days \$185.00 \_\_\_\_\_  
\_\_\_ 3 days \$225.00 \_\_\_\_\_  
\_\_\_ 4 days \$255.00 \_\_\_\_\_  
\_\_\_ 5 days \$285.00 \_\_\_\_\_

\_\_\_ **Morning Session**

\_\_\_ **Afternoon Session**

Manoa and Lynnewood bus to and from Trinity...you must notify the school  
8:00 morning drop off \_\_\_\_\_ Free  
3:00 to 5:00.....\$5.00 an hour

Trinity Lutheran Nursery School

Kindergarten Enrichment

Child's full name \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_

Haverford Kindergarten \_\_\_\_\_

**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 Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Allergies:** \_\_\_\_\_

**Does your child have asthma? Yes or no**      **Does your child have an epi pen? Yes or no**

**Does your child have an inhaler? Yes or no**

email address \_\_\_\_\_

Photo Release:

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

\* attach photo

