

**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 or 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:**

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**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.....8:00 .....FREE**

**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)**

<b>Name</b>	<b>Relation</b>	<b>Phone number</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**People Permitted to pick up your child from school:**

<b>Name</b>	<b>Relation</b>	<b>Phone</b>
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**