

**Trinity Lutheran MOTHERS' Morning Out  
Registration 2023-2024**

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 at least 22 months old old by Sept. 1: Monday Tuesday Wednesday Thursday Friday**

**2023-2024 School Year**

**Registration fee due at the time of application \$ 25.00 (non refundable)**

**The school year is divided into 5 sessions.. Tuition is based on the number of days per week your child participates in the program. Bills will be sent out email at beginning of each session. The fee per day is \$37.00 a day.**

**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.....8:30 .....FREE**

**Lunch Bunch.....11:30 to 1:30 .....\$12.00**

**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**

**If you are in need of pastoral care Pastor Gwen is always available.**