

2026 Trinity Lutheran Nursery School

Summer Session at Trinity

May 26 to to June 25

Tuesday, Wednesday & Thursday mornings

9 to 11:30 \$95.00 a week

2 mornings 9 to 11:30 \$ 90.00 a week

NO EARLY MORNING DROP OFF

Lunch Bunchers until 1:30 (\$15.00 a day)

Registration

Name _____ Age _____

Address _____ Cell Phone _____

_____ e mail address _____

Phone _____

Class presently attending _____

Allergies _____

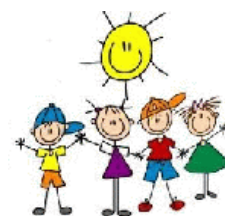
Food Sensitivities _____

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 to school with the registration fee of \$40.00 before April 1st.

Weeks participating _____ Amount due _____

Please return the form to school before April 1st with a \$40.00 registration fee

May 26..... "Disney Magic" _____

June 2..... "Safari" _____

June.9..... "Dinosaurs" _____

June 16.... "Arcade" _____

June 23..... "Under The Sea" _____

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

