Trinity Lutheran MOTHERS' Morning Out

Registration 2027-2028

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 of 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:

Must be at least 22 months old by Sept. 1:

Monday Tuesday Wednesday Thursday Friday

2027-2028 School Year
Registration fee due at the time of application $ 55.00 (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 $43.00 a day.
Arrival 9:00 A.M.
Dismissal 11:30 A.M.

At dismissal, my child will be taken home by:

_____

_____
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 .....$15.00..Tuesdays, Wednesdays and Thursdays
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 is always available.

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

2027-2028

Trinity Lutheran's Nursery School & Mothers' Morning Out

Child's Name_____
Days and Room child is enrolled

_____
Emergency Contact information:
In the order of notification (include parents)

Name	Relation	Cell number
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____
4._____	_____-	_____

People Permitted to pick up your child from school:

Name	Relation	Cell Number
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