

Registration

Child's Name: _____

Today's Date: _____

Child's Birthdate: _____

Schedule (circle age/days)

Age: Toddler Preschool School Age

Days : M T W Th F

Time: Full Days Half Days After School

For office use only

• Date _____

Reg Packet Complete _____

Food Program Paperwork : Date Completed _____

Renew Date: _____

• Date _____

Current Physical on File _____

• Date _____

Registration Fee(s) Paid _____

• Tuition Paid _____ (due by first day of each month)

Auto Payment _____ Yes _____ NO _____

Entered in Procare _____

TRINITY LUTHERAN PRESCHOOL

Enrollment Form

Child's Name: _____ Birth Date: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Mother/Guardian: _____ Email: _____

Phone: _____ Text alerts? YES NO If Yes, Carrier: _____

Employer: _____ Work Phone: _____

Work Address: _____ City/State/Zip: _____

Father/Guardian: _____ Email: _____

Phone: _____ Text alerts? YES NO If Yes, Carrier: _____

Employer: _____ Work Phone: _____

Work Address: _____ City/State/Zip: _____

Parent's Marital Status: Married Together Separated Divorced

Stepfather: _____ Stepmother: _____ Adopted? YES NO

Siblings & ages (and others living in household): _____

Emergency contact (Name/Phone): _____

Persons Designated to pick up your child, other than parents: _____

Name _____ Phone _____ Relationship _____

Ok to share info? _____

Persons NOT ALLOWED to pick up child: _____

YES NO _____

YES NO _____

YES NO _____

YES NO _____

(If non custodial parent, court papers MUST be kept on file)

(OVER)

Previously attended daycare? YES NO If so

where?

Child's Doctor: _____

Phone: _____

Address: _____

Last Visit to doctor (date): _____ *If you need a doctor we have a resource list available

Does your child have medical insurance? YES NO Company: _____

Child's Dentist: _____

Phone: _____

Address: _____

Last Visit to dentist (date): _____ *If you need a dentist we have a resource list available

Family's Current Church Membership(if any): _____

Does child have eating problems, dietary restrictions or food allergies? YES NO

If Yes Explain: _____

Other Allergies: _____

**Please provide medical documentation for any allergies/restrictions*

Does your child have an IEP? YES NO

How would you describe your child's personality? _____

Tell us about your child (likes/dislikes etc): _____

Parent/Guardian (Print): _____

Parent/Guardian (Sign): _____ Date: _____

Official Use Only

Recv'd: _____

Enrollment date: _____

Reg fee: _____

ProCare

TRINITY LUTHERAN PRESCHOOL
General Authorization

Child's Name: _____

Please read and initial each line:

1. I will provide a blanket for my child to use during nap.
2. I give permission for my child to use the play equipment & participate in all the activities of the school.

3. I give permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in authorized vehicles.

4. I give permission for the center to apply sunscreen to my child not less than 30 SPF. If my child is allergic to any type of sunscreen, I will supply our own.

5. I understand I need to make other arrangements for childcare if my child is sick. (Including: a fever, a contagious disease, on antibiotics for less than 24 hours, is vomiting or diarrhea, or had any of the above symptoms in the past 24 hours)

6. I understand the staff cannot give my child any medicine unless a doctor issued a prescription with instructions for dosage.

7. I understand I am expected to give notice of at least one week in advance of withdrawal or permanent change in my child's schedule.

8. I give permission for my child to be videotaped and photographed for classroom use, promotion of the preschool (including the newspaper & Facebook) or for observations/assessments (in Teaching Strategies Gold).

9. I have been offered a copy of the Parent Handbook and am responsible for all information contained in it. I have read and understand the discipline policy and agree to abide with it and all policies set down by the school.

10. I will provide a completed medical form within 30 days of enrollment.

11. I will sign my child in & out daily and leave them with a staff member. I will notify the center, if someone other than a designated person will pickup my child (in person or by phone). **Identification will be checked.**

12. I grant permission for my child to view videos at the center (only G-rated films will be viewed).

13. I understand that all staff members of Trinity Preschool are mandated reporters of child abuse and neglect. (more information is available in the parent handbook or upon request)

Parent/Guardian (Print): _____

Parent/Guardian (Sign): _____

Date: _____

TRINITY LUTHERAN PRESCHOOL
Emergency Medical Care Authorization

Child's Name: _____

I grant permission for the director or Acting Director to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to, the following:

1. If situation is life threatening, 911 will be called and the following procedure followed after care is secured for the patient.

2. Attempt to contact a parent or guardian, the child's physician, or the persons listed on the emergency information form if situation is urgent but not life threatening.

3. If we cannot contact you or your child's physician we will do one or both of the following: (a) call paramedics (b) transport child to Southwest Memorial Hospital in the company of a staff member.

4. Any expenses incurred will be the responsibility of the child's family.

5. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

6. The school WILL NOT assume responsibility for a child who has not been signed in upon arrival for the day.

My signature certifies that I have read & understand the above information.

Parent/Guardian (Print): _____

Parent/Guardian (Sign): _____
Date: _____

Child's Name: _____

I understand:

1. I will pay a stated enrollment fee when I enroll my child, and it is non-refundable. (Summer enrollment is a separate fee.)
2. I will be billed for my child care monthly a week in advance
3. Payment is due on the FIRST OF THE MONTH
4. If payment is not paid by the 10th of the month **your account will be subject to late charges of 1.5% monthly.**
5. Unpaid accounts will be turned over to collections after two months of non-payment. (interest, court costs and attorney fees will be added to amount due)
6. I will be charged for the amount of days my child is signed up to attend (there will be no make-up days)
7. There is a \$1.00 a minute late fee per child for every minute I am late beginning at 5:00
8. There will be a \$30.00 charge for all returned payments. Billing record are only available to parent who is financially responsible

My signature certifies that I have read & understand the above information.

Parent/Guardian (Print): _____

Parent/Guardian (Sign): _____

Date: _____