

Preschool Registration and Agreement for Care — Trinity Lutheran Preschool

THIS FORM IS FOR STUDENTS ENROLLING IN THEIR SECOND OR THIRD YEAR OF PRESCHOOL AT TRINITY

September tuition and Registration fee shall accompany this form. Placement contingent upon available openings.*

Please check option(s):	Tuition per month
<input type="checkbox"/> Pre-K Class M/W/Th -Age 4 by Sept. 1	\$145.00
<input type="checkbox"/> Pre-K Class M/W/Th/F -Age 4 by Sept. 1	\$180.00
<input type="checkbox"/> Preschool Class T/F -Age 3 by Sept. 1	\$110.00
<input type="checkbox"/> Preschool Class T/Th/F -Age 3.5 by Sept 1	\$145.00
All above classes are 9:30 a.m. to noon.	
<input type="checkbox"/> Full-day Pre-K Thursday Age 3.5 by Sept. 1 add \$60.00 9:30 a.m. to 3:00 p.m.	

Date _____	
Registration fee (\$35*)	Amount Paid
Check# _____	_____
Cash	_____
Tuition	
Check# _____	_____
Cash	_____
* \$25 if paid by 4/30/2020	

—*EITC PreKindergarten Scholarship Program may reduce your Tuition - Please also fill out a SCHOLARSHIP APPLICATION. September Scholarship adjustments will be credited to October tuition.

Name of Child _____ Birthdate _____ Sex (M)____ (F)____

IF the information we have on file from last year has not changed please read and sign here:

I/We also acknowledge the fact that Trinity Lutheran Preschool is not liable for any accidents or injuries sustained during the operation of the school. Any and all medical expense incurred due to an accident or injury at the school will be the full responsibility of the parents.

By signing this form, we the parent(s) give our full consent for our child to attend Trinity Lutheran Preschool if admission is still available.

Date _____ (Signed) _____
 Date _____ (Signed) _____

Otherwise, sign above and record any changes below and on the next page:

Does Child prefer nickname? _____ Email address _____

Child's Home Address _____

Father's Name _____ -Address (if different) _____

Cell# _____ Home# _____

Mother's Name _____ -Address (if different) _____

Cell# _____ Home# _____

Church Membership _____ Church Location _____

Siblings (name and age) 1. _____ 2. _____
 3. _____ 4. _____

Please list all allergies (food, medicine, etc.): _____

Other than parents, the following people are authorized to drop off and pick-up from preschool:

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Persons to notify in emergency if parents are not available:

Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

Health Insurance Company _____

Child's Physician or Medical Service to be used _____ Phone _____

Physician's Address _____

In case of emergency, Trinity Lutheran Preschool is directed to take care of the following steps:

- (1) Contact the parents if at all possible. If not,
- (2) Contact the physician listed above. If not available,

You are directed to do one of the following checked items:

- ____(a) Contact any available local physician, or
- ____(b) Use the Emergency Room facilities at the Reading Hospital.

Please denote immunization dates on the chart below or attach a copy of the child's immunization record.

	Dose 1	Dose 2	Dose 3	Dose 4
DTaP				
Hepatitis A			—	---
Hepatitis B				---
HiB (PRP-OMP)				---
MMR (Measles, Mumps, Rubella)		—	---	---
Pneumonia				

Does the child have any speech, hearing, eyesight, or any other special health problems? (circle) Yes No

Explain: _____

Does your child have any special emotional/spiritual problems of which the school's staff should be aware? If so, please describe briefly. _____

Does your child have any special social problems of which the school's staff should be aware? If so, please describe briefly. _____

— Trinity Lutheran Preschool admits students of any religion, race, color, national and ethnic origin.
Founded in 1982