

		<p>A Local Mission Outreach of Trinity Lutheran Church 634 Alden Drive Auburn, NE 68305</p> <p>Amanda Ackley, <i>Childcare Center Director</i> Phone: 402-274-1424</p> <p>Kim Kieler, <i>Preschool Director</i> Phone: 402-274-4210</p>
<p>Early Childhood Development Center kohk@trinityaubne.net</p>	<p>Trinity Lutheran Preschool tlpauburn@gmail.com</p>	

The goal of Trinity Lutheran’s Childhood Development Center and Preschool is to help young children be kindergarten ready and develop self-confidence in an environment where they have the freedom to be curious, to be creative, to experiment, to touch, and to learn.

Our objective is to provide sound spiritual, educational, social, mental, physical and emotional activities so that the child may become more independent and have a positive self-image while understanding the importance of their ultimate reliance on the Lord for all things.

“Trinity Lutheran Preschool welcomes students of any race, color, national and ethnic origin and gender to all the rights and privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin and gender in administration of its educational policies, admissions policies, and other school-administered programs.”

**Trinity Lutheran Early Childhood Development Center and Preschool
Combined Registration Application**

CHILD’S NAME _____ BIRTH DATE _____

PARENT’S NAME _____

ADDRESS _____ HOME PHONE: (____) ____-_____
 CELL PHONE: (____) ____-_____
 CELL PHONE: (____) ____-_____
 MOM
 DAD

THIS CHILD WILL BE ATTENDING (circle/fill-in all that apply):

Preschool: 3 year old or 4/5 year old for the school year 20__/20__.
Childcare: Full Time Set Schedule Part Time Set Schedule Drop-In

A registration fee of \$35.00 must accompany this application.

- Preschool Tuition is \$125.00 per month for a morning or afternoon session Monday through Thursday.
- Childhood Development Center Tuition
 - Please call Amanda Ackley, KoHK Director, at 402-274-1424 for the most current rate information or go to www.trinityaubne.org and find the current KoHK Private Pay Rate Sheet by clicking on Childcare under the Ministries tab.

KoHK accepts payment from the Nebraska Child Care Subsidy Program. Tuition rates subject to change.

Please bring or mail completed application along with registration fee (for each child) to:

Trinity Lutheran Preschool
634 Alden Drive
Auburn, Nebraska 68305

Kid of HIS Kingdom Early Childhood Development Center
1320 20th Street
Auburn, NE 68305

Kids of HIS Kingdom and Trinity Lutheran Preschool
REGISTRATION APPLICATION
INFORMATION SHEET

Child's Name _____ Birth Date _____

Address _____ City _____ Zip _____ Phone _____

Father's Name _____ Mother's Name _____

Business Address _____ Business Address _____

Phone _____ Phone _____

Email Address _____

Guardian's Name _____

Business Address _____ Phone _____

Has child been baptized _____ when _____ where _____

Church of which child is a member _____

Other Children: Name & Age

Marital status of child's parents:

Married, living together _____ Separated _____ Divorced _____ Other _____

Medical Information

Any allergies or other medical problems the preschool staff should know, please indicate on the line provided at end of this paragraph. Medication will be given to a child during preschool hours only in rare instances and only with written permission from the parent. Any prescription medication your child may need to take at school must be sent in the original prescription bottle, accompanied by a note signed by the parent stating what is to be given, amount to be given, times to be given, and the reason the medication is to be given. **Medications will not be given without the above information.**

Name of person authorized to pick up your child from Trinity:

Name _____ relationship _____ phone _____

Name _____ relationship _____ phone _____

Consent to Contact Physician in an Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to Trinity Lutheran Preschool staff to contact: _____

(name of physician)

City _____ Phone _____ and, if necessary, take my child to the following physicians(s), clinic, or hospital. _____

(Signature of Parent)

(Date)

CERTIFICATION OF IMMUNIZATIONS

Please fill out the form below or provide a copy of the doctor's form signed and dated.

Month and Year of Each Dose

DTP/Td (Diphtheria-Tetanus-Pertussis)

Oral Polio

Month & Year

Given by:

Month & Year

Given by:

Month/Day/Year

Given by

MMR _____

Hib Shots _____

I certify that the above information is correct to the best of my knowledge.

(Signature of Parent)

(Date)

Last updated: February 9, 2018