

	<p><b>A Local Mission Outreach of Trinity Lutheran Church</b> 634 Alden Drive Auburn, NE 68305</p> <p>Phone: 402-274-4210 Email: <a href="mailto:trinityvaub@windstream.net">trinityvaub@windstream.net</a></p> <p><a href="http://www.trinityvaubne.org">http://www.trinityvaubne.org</a> (click on the link for PRESCHOOL under the MINISTRIES tab)</p>
<p>Trinity Lutheran Preschool <a href="mailto:tpauburn@gmail.com">tpauburn@gmail.com</a></p>	

The goal of Trinity Lutheran 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 Preschool Registration Application

For the school year 2019/2020,

CHILD’S NAME: \_\_\_\_\_

WILL BE: **3 years old** \_\_\_ **4 years old** \_\_\_ **5 years old** \_\_\_ **Older** (please confirm age): \_\_\_\_\_

WOULD PREFER: **Full Time (Monday through Thursday, 8:15am-11:45am)** \_\_\_\_\_  
**Part Time\*** (Choose TWO Days): **Monday** \_\_\_ **Tuesday** \_\_\_ **Wednesday** \_\_\_ **Thursday** \_\_\_

**BEST CONTACT INFO:**

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **(Mom)**  
 CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **(Dad)**  
 CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **(Other)** - \_\_\_\_\_  
 CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **(Other)** - \_\_\_\_\_  
 (please note relationship to child)

**FEES:**

Please make checks out to “Trinity Lutheran Preschool.”

**A non-refundable registration fee of \$35.00 must accompany this application.**

Tuition- Preschool Tuition is **\$125.00** per month for four sessions

Preschool Tuition is **\$75.00** per month for two sessions

**\*PLEASE NOTE\*** Acceptance of Full Time students will be prioritized over Part Time students.

Applications for Part Time students will be waitlisted until the **application deadline of July 1<sup>st</sup>, 2019.**

Trinity Preschool staff will then evaluate all applications and contact families approximately mid-July. Part Time applicants not able to be enrolled will be refunded the \$35.00 registration fee.

**Tuition rates are subject to change.**

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

Trinity Lutheran Preschool  
634 Alden Drive  
Auburn, Nebraska 68305

**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: March 4, 2019**