

	<p>A Local Mission Outreach of Trinity Lutheran Church 634 Alden Drive Auburn, NE 68305</p> <p>Phone: 402-274-4210 Email TrinityLPreschool@gmail.com</p>
<p>Trinity Lutheran Preschool</p>	<p>http://www.trinityaubne.org (click on the link for PRESCHOOL under the MINISTRIES tab)</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 **2022-23**

CHILD’S NAME: _____

ON AUGUST 15, 2022, CHILD WILL BE: **3 years old** ___ **4 years old** ___ **5 years old** ___
Older (please confirm age): _____

CLASSES ARE **Monday through Thursday, 8:00 A.M. TO 11:00 A.M. (doors open at 7:45 a.m.)**

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 (payable on the first class day of each month)

Tuition rates are subject to change. A full month’s tuition is required for each of the ten months that school is in session, August - May, regardless of how many class days are scheduled.

**Please mail completed application along with \$35.00 fee (per child)
 by April 15, 2022 to:**

Trinity Lutheran Preschool, 634 Alden Drive, Auburn, NE 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 (optional) ___ when _____ where _____

Church of which child is a member (optional) _____

Other Children: Names & Ages _____

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)

Month & Year

Given by:

Month & Year

Oral Polio

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)