

Trinity Lutheran School

1165 Westmore-Meyers Road | Lombard, IL 60148

630.627.5601 www.TrinityLombard.org

2018-2019 Preschool Registration Form

Registration Fee: \$50.00 Before May 4th; \$75 Before August 1st; \$100 After August 1st (non-refundable)

Grade Level for 2018-2019 CIRCLE ONE PS3 / PS4 CIRCLE ONE Full-time / Part-time
CIRCLE DAYS OF WEEK ATTENDING M T W T F

Student's Name _____ Sex _____
(Last) (First) (Middle)

Birthplace _____ Student's Birth Date _____

Family's Last Name _____ Home Phone Number _____

Mother cell phone _____ Father cell phone _____

Address, City & Zip Code _____

E-Mail Address _____

Father's/Guardian's Name _____ Occupation _____

Employer _____ Work Phone _____

Mother's/Guardian's Name _____ Occupation _____

Employer _____ Work Phone _____

Family Physician _____ Phone _____

How did you hear about our school? _____

Where does your family hold church membership? _____

Does family attend church regularly? YES NO Does child attend Sunday School? YES NO

Has child been baptized? YES NO Baptism Date _____

IF YOU ARE NOT AT HOME, WHO CAN WE CALL SHOULD YOUR CHILD APPEAR TO HAVE A MINOR ILLNESS, OR IN THE EVENT YOU CANNOT BE REACHED IN AN EMERGENCY SITUATION?

It is very important that you list the name of a friend or relative who would be willing to accept responsibility for your child should he or she become ill at school. Please be sure to list the name of someone you know who would be willing to accept the responsibility of picking up your ill child at school and taking them home.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

IF NEITHER PARENT CAN BE CONTACTED, I AUTHORIZE SCHOOL AUTHORITIES TO TAKE SUCH EMERGENCY MEASURES AS THEY DEEM NECESSARY.

ALL INOCULATIONS AND A CURRENT TUBERCULIN TEST MUST BE GIVEN AND RECORDED UNLESS YOUR DOCTOR SPECIFIES OTHERWISE IN WRITING ON THE MEDICAL FORM.

Enrollment Date _____ Discharge Date _____

Please note if any of the above information changes during the school year, it is the parent's responsibly to contact the school office with these changes.

Student's Name _____
(Last) (First) (Middle)

Your child will not be allowed to leave the school with anyone other than parents unless the parent has given **written permission to the teacher before classes are dismissed**. If your child will be picked up by friends or other members of the family, it must be state here in writing. It must also be stated if you child will be able to walk home alone, or is in a car or walking pool with other children.

Who will pick the child up from school? **Name/Address/Phone**

1. _____

2. _____

2018-2019 (September – June) Parent/School Contract

I/We _____ understand that the tuition and fees for my child(ren) are per 2018-2019 invoice. All fees are due on or before the first day of school.

TERMS & CONDITIONS:

___ I agree to pay my tuition on or before the 1st of each month/week, beginning September 1, 2018..

___ I understand and agree that I am contractually responsible to Trinity for payment of the full balance of tuition and any unpaid fees/costs.

___ I understand and agree that Trinity has the right to employ any means at its disposal, up to and including legal action, to collect past due tuition and fees, and that I will be liable to Trinity for the reimbursement of all resulting expenses in doing so, including any applicable court costs and attorney fees.

___ I understand and agree that there is no reduction of tuitions/fees for absence due to illness or personal reasons.

___ I understand and agree that a one month written notice of withdrawal be made in advance; otherwise, I am liable for a full month's tuition/fees payment.

___ I understand and agree that Trinity reserves the right to terminate enrollment of any child if, in the opinion of the teacher, principal, and school board, continued attendance would not be in the best interest of either the child or Trinity.

___ I understand and agree that in order to receive my child's last report card/transcripts I must have paid my child's tuition in full and have no prior outstanding balance.

Signature of Parent/Guardian _____ Date: _____

2018-2019 Student Video and Photograph Consent Form

Dear Parent/Guardian,

During the 2018-2019 school year, Trinity Lutheran School is considering creating a YouTube channel with the purpose of showcasing promotional footage of students and activities that happen during the school day and at important school events. The purpose of this parental/guardian consent form is to obtain permission for your child to appear in videos or photographs created for the purpose of documenting important school events.

Photographs and videos of students at Trinity Lutheran School will be taken for the purpose of celebrating student achievement and sharing educational programs with the community. Your child may appear in one or more of these videos throughout the school year.

Under no circumstances will Trinity release personally identifiable information with such images or videos.

Please check one of the following options:

I/We GRANT permission for a photo/image of this student to be shared by Trinity Lutheran School in promotional materials.

I/We DO NOT GRANT permission for a photo/image of this student to be shared by Trinity Lutheran School in promotional materials.

Student's name (please print) _____ Grade _____

Name of Parent/Guardian (please print) _____

Parent/Guardian signature _____ Date _____

Student's Name _____
(Last) (First) (Middle)

CHILD INFORMATION - PRESCHOOL

Name by which child is called _____

Please list names of other children in the child's family _____

Marital Status of Parent(s)/Legal Guardian(s) _____ Single _____ Separated _____ Married _____ Divorced

What other adults live in child's home? _____

Family pets/Name of pets _____

Family interests or hobbies _____

Has your child attended any other group programs outside the home? _____

If so, please list type of program and name _____

What contact has the child had with children outside the home? _____

How does the child get along with other children? _____

Does the child show a desire to be independent? _____

To what extent is the child toilet trained? _____

How would you rate your child's speech development? _____

Does your child have any handicaps or chronic weaknesses which may require special consideration in school?

Does your child have any allergies? If so, please list them _____

What are your child's special interests? _____

Handedness _____ Left _____ Right

In what areas of development does your child need encouragement? _____

How do you believe TRINITY LUTHERAN SCHOOL'S PRESCHOOL PROGRAM may help in your child's development?

Additional Information you would like to share _____

Student's Name _____
(Last) (First) (Middle)

2018-2019 Documentation Receipt (for Office Use Only)

Document	Issued By / Date
<input type="checkbox"/> Parent/Student Handbook	Initials _____ / _____
<input type="checkbox"/> Calendar	Initials _____ / _____
<input type="checkbox"/> Supply List	Initials _____ / _____
<input type="checkbox"/> What is My Child Learning?	Initials _____ / _____
<input type="checkbox"/> Shop with Scrip	Initials _____ / _____
<input type="checkbox"/> Before and After Care	Initials _____ / _____
<input type="checkbox"/> Ways to Pay	Initials _____ / _____
<input type="checkbox"/> Tuition Policy (if applicable)	Initials _____ / _____

2018-2019 Forms Required (for Office Use Only)

Preschool	Received By / Date
<input type="checkbox"/> Health Exam Form - REQUIRED	Initials _____ / _____
<input type="checkbox"/> Birth Certificate – REQUIRED (new student only)	Initials _____ / _____

For Office Use Only

<input type="checkbox"/> Registration Fee	\$ _____	<input type="checkbox"/> Supply Fee	\$ _____
<input type="checkbox"/> Activity Fee	\$ _____	<input type="checkbox"/> Gym Fee (grades 1-8)	\$ _____
<input type="checkbox"/> Milk Fee	\$ _____		
<input type="checkbox"/> Tuition Rate and Type	\$ _____	Circle One – PT / FT	Number of Days _____

REFERRAL (note billing name of referring family) _____

Amount Received \$ _____ Date _____ Check/Receipt # _____

	Initials/Date
<input type="checkbox"/> Updated Registration Spreadsheet	_____ / _____
<input type="checkbox"/> Added email addresses to Contacts	_____ / _____
<input type="checkbox"/> Added email addresses to current year distribution list	_____ / _____
<input type="checkbox"/> Added as School Family in ACS	_____ / _____