

(Please keep this information sheet for your records)

Registration Information for Early Childhood Programs



Registration / Enrollment Fee: (Not applied to tuition and non-refundable) \$100.00

Fee includes school supplies such as; crayons, markers, glue, scissors, etc. and 2010-2011 School Polo

Toddlers

Child must be 18 months of age on or before August 1, 2010

Morning only 8:15 a.m. to 11:15 a.m.

2 Mornings	\$170.00
3 Mornings	\$190.00
4 Mornings	\$230.00
5 Mornings	\$250.00

Full Days 8:15 a.m. to 3:15 p.m.

2 Full Days	\$275.00
3 Full Days	\$360.00
4 Full Days	\$445.00
5 Full Days	\$530.00**

**Includes Before- and After-School Care
Does not include Non-School Daycare

Preschool

Child must be 3 years of age on or before October 15, 2010 and potty-trained

Morning only 8:15 a.m. to 11:15 a.m.

2 Mornings	\$120.00
3 Mornings	\$140.00
4 Mornings	\$180.00
5 Mornings	\$200.00

Full Days 8:15 a.m. to 3:15 p.m.

2 Full Days	\$225.00
3 Full Days	\$310.00
4 Full Days	\$395.00
5 Full Days	\$480.00**

**Includes Before- and After-School Care
Does not include Non-School Daycare

PreKindergarten

Child must be 4 years of age on or before October 15, 2010 and potty-trained

Morning only 8:15 a.m. to 11:15 a.m.

2 Mornings	\$120.00
3 Mornings	\$140.00
4 Mornings	\$180.00
5 Mornings	\$200.00

Full Days 8:15 a.m. to 3:15 p.m.

2 Full Days	\$225.00
3 Full Days	\$310.00
4 Full Days	\$395.00
5 Full Days	\$480.00**

**Includes Before- and After-School Care
Does not include Non-School Daycare

***If your child arrives after 8:30 a.m. and requires a hot lunch, you must call the school prior to 8:45 a.m. so that we can order him/her a lunch. If no phone call is made, we will assume that you are responsible for your child's lunch.

****Lunch / Milk accounts are set up through the school office for Preschool and PreKindergarten children****

~A 10% discount is applied for each additional child in the early childhood program. We provide a quality Christian environment for our children as they begin the Christian Education process. This program is not subsidized by Trinity Lutheran Church, because of this, multiple child discounts for children who have siblings in grade Kindergarten through 5th will not include Preschool or PreKindergarten children.~

2010-2011 Trinity Lutheran School Early Childhood Application Form

1200 N 56th St.
Lincoln, NE 68504

Phone: 402-466-1800
Fax: 402-466-1820

Website: www.trinitylcms-lincoln.com



This application must be accompanied with the enrollment fee & current immunization records

We are members of _____ Church

New students only: Referred to Trinity Lutheran School by: _____

Child's Information

Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

class for 2010 - 2011

Toddlers

Preschool

Pre-Kindergarten

Social Security #	Date of Birth	Baptism Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender: M F

Known Allergies

Ethnic Origin: (please circle one)

African / American White / Caucasian Hispanic

American Indian Asian / American Other

Father's Information

Last Name	First Name	MI	Primary Parent
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes No

Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email (to notify parents from school office)	Social Security Number
<input type="text"/>	<input type="text"/>

Mother's Information

Last Name	First Name	MI	Primary Parent
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes No

Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email (to notify parents from school office)	Social Security Number
<input type="text"/>	<input type="text"/>

SIGNATURE:

The completion of this application form and the signature of the parent or guardian constitutes an agreement that the tuition and other fees for this student will be paid and that the policies as set forth by the School Board will be honored.

(Signature of Parent / Guardian)

Date

Office use: Date received _____ Fee paid _____ Birth Cert _____ Immunizations _____
 Subsidy _____ MCD _____ CWD _____ Schshp _____
 Scrip: _____ HS _____ LL _____ RLC _____ TLC _____ MCD _____ Acct. Credit _____

Please indicate which program you are registering your child for and circle the days that he/she will attend:

Toddlers

_____ mornings M T W Th F _____ full days M T W Th F

Preschool

_____ mornings M T W Th F _____ full days M T W Th F

Pre-Kindergarten

_____ mornings M T W Th F _____ full days M T W Th F

***** **Medical Information** *****

Doctor Information

Name _____ Phone # _____

Address _____ City, State, Zip _____

Date of Last Physical Exam: _____

Dentist Information

Name _____ Phone # _____

Address _____ City, State, Zip _____

Date of Last Exam: _____

If the need arises, which hospital would you prefer your child to be taken to?

_____ Bryan LGH East

_____ Bryan LGH West

_____ St. Elizabeth's Regional Medical Center

_____ Any

Consent to Treat

I _____, hereby give my permission to the teachers/staff of Trinity Lutheran School to administer BASIC 1st AID treatment to my child, _____. This includes, but is not limited to anti-bacterial, anti-itch, and burn cream ointment.

Parent Signature _____ Date _____