

Trinity Lutheran Preschool

1174 Mill St.
Gardnerville, Nevada 89410
775-782-KIDS (5437)
775-783-9862 (Fax)
director@trinitygv.com



Registration Package

Parent Checklist

*Staff encourages all parents to tour the center first before enrolling your child

_____ Health Assessment signed by your doctor

_____ Copy of your child's immunization record

_____ All pages of registration filled out and returned prior to enrollment date

_____ \$85.00 Registration fee paid prior to enrollment date

_____ Tuition Express Form filled out and returned (If you elect automatic withdrawals)

Toddlers

_____ Diapers and wipes

_____ Extra change of clothes

_____ Backpack

_____ Blanket for nap

_____ Lunch box with ice pack

_____ Label all items

Preschool

_____ Backpack

_____ Extra change of clothes

_____ Blanket for rest time

_____ Lunch box with ice pack

_____ Label all items

Reminders

- Your child has the option of purchasing hot lunch on Wednesdays for \$4.00
Please sign-up by 9:00 a.m. (See calendar for more details)
- Your child has the option of buying ice cream for afternoon snack on Fridays for \$1.00.

REGISTRATION DOCUMENTS FOR NEW ENROLLEES

Instructions:

1. Complete all documents clearly and completely. PLEASE PRINT.
2. Your child may not start school until we have ALL of these documents.
3. Please make sure the medical form is signed by your physician or a registered nurse. You may contact the Douglas County Health Nurse at 782-9038 to update your child's immunization record and/or health statement form.
4. Remember to bring a copy of your child's immunization records.
5. Annual registration fee must be included with your registration package.
6. A separate package and registration fee is necessary for each child.
7. The PARENT HANDBOOK has vital information to your child's attendance. BE SURE TO READ THE ENTIRE HANDBOOK! Parent handbook available at www.school.trinitygv.com or ask a staff member. You are accountable for the rules and regulations in the handbook.
8. If you need help or explanation with any of the items in this *Registration Package* or the *Parent Handbook*, please see the Director or Business Manager in the front office for assistance.

REGISTRATION FORM #1

Please Print.

Include your registration fee of \$85.00 to this package.

Remember, if any of this information changes to inform the school as soon as possible.

Child's Name: _____ **Date of Birth** _____

Enrolling Parent/Guardian: _____ **Social Security** _____

Mailing Address: _____ - _____

Home phone: _____ **Cell Phone** _____

Work Phone _____ **Occupation** _____

Email Address: _____

Parent/Guardian: _____ **Social Security:** _____

Mailing Address _____

Home Phone _____ **Cell Phone** _____

Work Phone _____ **Occupation** _____

Email Address: _____

Authorized Person(s) for pick-up – These people will have codes for checking your child in/out of the Center.

Name: _____ **Relationship** _____ **Phone:** _____

Name: _____ **Relationship** _____ **Phone:** _____

Name: _____ **Relationship** _____ **Phone:** _____

Name: _____ **Relationship** _____ **Phone:** _____

Date Registered _____ **Office Use Only** **Amount Paid** _____ **Check #** _____
First Day _____ **Teacher** _____ **Last Day:** _____ **Reason** _____

Forms # 1___ 2___ 3___ 4___ 5___ 6___ 7___ 8___ 9___
Emergency School Reach ___ **E-mail List** _____ **T-Shirt** _____

Parent/Guardian Financial Agreement Form #2

I agree to enroll my child (name) _____ in the # _____ *program for the fee of \$ _____ *per week at Trinity Lutheran Preschool & Kindergarten. Care for my child will normally begin at _____ a.m./p.m. and will end _____ a.m./p.m. on the following weekdays: (circle days that apply) M T W TH F
Rates are subject to change with 30-day notification. (*See Fee Schedule Form for program options & weekly fees)

I UNDERSTAND AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:
(Please initial each line)

_____ I acknowledge I have read the parent handbook online or I have received and read a copy of the Parent Handbook sent forth by Trinity Lutheran Preschool & Kindergarten. I agree to adhere to said policies and procedures.

_____ Payments are due monthly or weekly, IN ADVANCE. TLPK operates solely from tuition and donations. This program time is being reserved for my child. My child's tuition is due whether or not my child is in attendance that week/day. Because this is an annual tuition, sick days are not discounted. For school age children: When public school ends early and your child attends TLPK additional hours, an additional fee will be charged.

_____ Each child will receive, each school year, vacation/sick time that is double the number of days in one week of your assigned program. Example: 5 day a week schedule= 10 sick/vacation days, 4 day a week schedule =8 vacation/sick days, 3 day a week schedule = 6 sick/vacation days, 2 days a week schedule= 4 sick/vacation days. To receive this vacation credit, you must notify the center in writing by requesting a CHANGE OF SCHEDULE form. Unused vacation credit does not carry over to the following school year. We are also closed for 2 teachers work days in August. You will not be charged for those days. Complete rules and instructions regarding vacation credit is in the Parent Handbook.

_____ No tuition credit is given for holidays. See the Parent Handbook.

_____ Late pick-up fee of \$5 for every 15 minutes a parent is late picking up a child scheduled to be picked up at 12:30pm, after 1:00pm you will be charged a flat fee of \$25. The late fee for the evening pick-up is \$1 for every minute after 6:00p.m.

_____ Registration fee and all tuitions are non-refundable. There is a \$15.00 service charge on all returned checks.

_____ Late fees of \$35.00 may be applied to all accounts past due two payments or more. **Discontinuance of your child's program may result until your account is paid in full.**

_____ Accounts past due 30 days or more may be referred to collections/small claims.

_____ You will receive monthly statements reflecting your balance due. However, you may use the sign-in computer to check your weekly balances.

_____ Monthly statements must be reviewed within 30 days of receipt or they will be considered correct and final.

_____ In the event of an emergency, I understand that Trinity Lutheran Preschool is not financially responsible for any emergency vehicle transportation costs or for any medical care or costs incurred by my child/children as a result of TLPK initiating this care.

_____ I agree to notify TLPK in writing two weeks prior to withdrawal of my child. If you choose to withdraw your child and you do not notify TLPK in writing, TLPK will hold you responsible for the tuition you owe as a result of your child holding a position which would otherwise be filled. This agreement can be canceled at any time by Trinity Lutheran Preschool & Kindergarten including but not limited to:

1. Non-payment of fees.
2. Non-compliance with policies and procedures.
3. Any action which results or may result in the disruption of the smooth and efficient operation of the facility.

Date: _____ Father's Signature: _____

Date: _____ Mother's Signature: _____

FAITH/LIFE QUESTIONNAIRE
FORM #3

We, at Trinity would like to commend you for putting forth the effort in seeking out the best possible Preschool which meets the needs you have deemed important for your child. By enrolling your child here, you are saying you not only care about the physical wellbeing of your child, but their spiritual wellbeing as well.

Since Trinity Lutheran Preschool & Kindergarten is a Christian Center, our primary purpose is to provide a healthy and safe environment where children are well cared for, hear simple stories about God's love for them, and continue in learning the values and morals God wants for our life. For us to better serve you and your child, we would appreciate your filling out this form.

Date: _____

Child's Name: _____ Parent/Guardian's Name(s): _____

Physical Address: _____

Home Phone: _____ E-mail address _____

How long have you lived in the area? _____

Fill-in:

What does it mean to be a Christian? _____

Please check and fill-in.

____ We are active members of Trinity Lutheran Church.

____ We are active members of another Church _____

____ We are not active members of a church in the area.

____ We are looking for a church home.

____ We are not looking for a church home at this time.

What was your previous church background? _____

Please check all that apply and fill-in.

____ My child has been baptized in the name of the Triune God. Church: _____ Date: _____

____ My child attends Sunday School: Church _____

____ I/we would like to have our child baptized.

____ I/we have questions about: baptism _____ the beliefs of the Lutheran Church _____ Sunday School _____
what is taught during Jesus Time at TLC _____ Other: _____

____ **Would you like a Bible? Yes/No**

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1174 Mill St.
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Phone (775)782-5437 Fax (775) 783-9862

HEALTH STATEMENT FORM #4

This form is REQUIRED by the STATE OF NEVADA and must be signed by your family physician or a registered nurse. (Douglas County Health Nurse is acceptable)

Child's Name: _____ Date of Birth: _____

Please provide a report on the above named child using the form below. Daily activities include vigorous outdoor play, socialization, small motor games, morning and afternoon snack, and a rest period after lunch. I hereby authorize release of medical information contained in this form to Trinity Lutheran Preschool & Kindergarten.

Date: _____ Parent/Guardian Signature: _____

Status of above child's health:

Any known conditions under treatment:

Any physical condition requiring special attention while at the school:

Any medication prescribed:

Is child capable of adjusting to programs of the school?

Please attach a copy of the child's immunization record to this statement.

Date: _____ Physician or R.N. Signature _____

MUST BE SUBMITTED NO LATER THAN 30 DAYS OF ENROLLMENT.

**MEDICAL - EMERGENCY PROCEDURE
AND RELEASE OF LIABILITY
AFFIDAVIT FORM #5**

I, true parent or legal guardian of (Child's name) _____ do hereby grant permission to the staff of Trinity Lutheran Preschool & Kindergarten to administer ***sunscreen, diaper rash ointment (if needed), first aid or emergency treatment in the event of an accident or emergency.*** It is understood that parent(s) shall be reached as soon as possible in case of an accident or emergency.

Doctor's Name: _____

Address: _____

Phone: _____

Insurance Company Name: _____

Policy #: _____

Policy Holder Name: _____

Policy Holder's Date of Birth: _____

Policy Holder's Social Security: _____

Preferred Hospital _____

In the event that neither physician nor parent or legal guardian can be reached, Trinity Lutheran Preschool may contact any Nevada State licensed practicing physician. I agree to pay for any costs and medical bills incurred. I understand that TLCCC is not responsible for any medical care and/or emergency transportation supplied to my child in the case of an emergency.

It is understood that Trinity Lutheran Preschool and staff are released from liability for any accidents or emergencies.

Date: _____ Parent/Guardian's Signature: _____

Allergies

Child's Name _____

_____ My child has food allergies. If so, what _____

Does your child require an Epi-Pen _____

_____ My child has no known food allergies

_____ My child has other allergies. If so, what _____

_____ My child has no known allergies

FAMILY, HEALTH AND SOCIAL HISTORY FORM #6

The purpose of this form is to enable us to know your child and his/her needs so we may do the best job possible. All information is kept confidential.

Child's Name _____ Nickname: _____

List of all children in the family in order of age (include children enrolled)

1. _____ Age _____ 2. _____ Age _____

3. _____ Age _____ 4. _____ Age _____

Do the parents live in the same _____ or separate _____ household?

If separate, does the child live in both households? _____

Do both parents have custody? _____ If not, please bring documentation to have on file.

What is the visitation schedule, *as it relates to the drop-off and pick-up schedule at the Center?*

About My Child

- Favorite toys, games, activities? _____
- How does your child express anger or frustration? _____
- Is your child toilet trained? _____ What words does your child use for the toilet? _____
- Does your child have any special fears? _____
- When your child is upset, what helps to comfort him/her? _____
- How do you discipline your child? _____
- Does your child take an afternoon nap? _____ If so how long? _____
- Does your child have a special toy or blanket for nap? _____
- Any special family situations? _____

- Any developmental delays diagnosed or suspected? _____

- Any special health considerations? _____

- Has child previously attended a preschool or childcare center? _____
- Any problems at previous preschools or childcare centers? _____

- What are your expectations of TLPK, its staff and administration? _____

- What may TLPK reasonably expect from you in terms of general support and service? _____

- Do you have any other information that you would like to share about your child? _____

Please Circle:

Ethnic Origin : (for statistic reporting only) _____ *Caucasian* _____ *Hispanic* _____ *African Amer.* _____ *Asian* _____ *Amer. Indian*
_____ *Other*

I, _____, am aware that I have the right to request and view any complaints the facility has received from the month my child(ren) enrolled in and the previous 12 months.

Signature of Parent/Guardian: _____ *Date* _____

FIELD TRIP PERMIT FORM #7

Authorization for escort

I understand that during the year my child, _____ may take part in field trips and educational excursions either **by minibus, van, private car or on foot**. My child will always be chaperoned by a responsible adult while away from school. Participation in field trips is a privilege and my child must behave appropriately to be included.

Notice of field trips will be posted in advance in the monthly NEWSLETTER and/or in the front lobby. In order to plan staffing, sign-up and payment for field trips should be made prior to the date of the trip.

Should any accident or illness occur while my child is away from the school on a trip, I shall not hold responsible the child's teacher, members of the staff of Trinity Lutheran Preschool & Kindergarten nor any participating adult.

Date: _____ Parent/Guardian Signature _____

ESCORT TO/FROM ELEMENTARY SCHOOLS FORM #8

My child, _____ is registered at Trinity Lutheran Preschool & Kindergarten:

I hereby authorize TLPK staff member(s) to:

- * Escort my child to and/or from the public-school bus.
- * Escort my child to and/or from public school, i.e. Gardnerville Elementary and/or Minden Elementary School.
- * Escort my child in a TLPK vehicle.

Please check. My child...

___ attends **Gardnerville** Elementary School.

___ attends **Minden** Elementary School.

___ is in MORNING kindergarten.

___ is in AFTERNOON kindergarten.

___ is in FIRST/SECOND grade.

Teacher's name: _____

Date: _____ Parent/Guardian's Signature _____

PERMISSION TO RELEASE INFORMATION AND PROGRESS REPORT CONSENT FORM #9

I understand that during the time my child, _____ is in care at Trinity Lutheran Preschool & Kindergarten, the Director may be asked for information regarding my child. I hereby give permission to release information regarding my child. I hereby give permission to release information to official persons only who adequately identify themselves, such as school, health care personnel, welfare or other governmental officials.

Date: _____ Parent/Guardian's Signature _____

***I do not** give permission to release information about my child as set forth in the aforementioned statement.*

Date: _____ Parent/Guardian's Signature _____

I allow the teacher to evaluate my child's progress.

Date: _____ Parent/Guardian's Signature _____

*I give TLPK permission to photograph/record my child for school programs, **yearbook** etc. as well as newspaper photo or article as it relates to the School's programs.*

Date: _____ Parent/Guardian's Signature _____