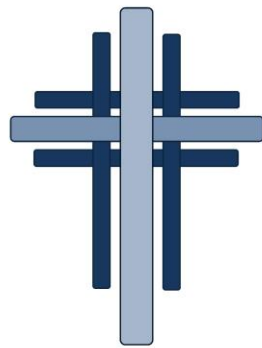


Trinity Lutheran Kindergarten Registration Package



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



Registration Documents for Kindergarten Registration

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 attach a copy of your child's birth certificate
4. Remember to bring a current copy of your child's immunization records.
5. Annual registration fee must be included with your registration package.
6. The PARENT HANDBOOK has vital information to your child's attendance. BE SURE TO READ THE ENTIRE HANDBOOK! You are accountable for the rules and regulations in the handbook.
7. If you need help or explanation with any of the items in this Registration Package or the Parent Handbook, please see the Director or Financial Manager in the front office for assistance.

KINDERGARTEN REGISTRATION FORM #1K

Please Print.

Include your registration fee of \$300.00 to this package.

Remember, if any of this information changes to inform the Center 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: _____

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

Trinity Lutheran Kindergarten is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act.

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 _____

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

Birth Certificate _____ Immunization _____ Email Sign-up _____

Kindergarten Financial Agreement Form #2K

I agree to enroll my child (name) _____ in **Trinity's Kindergarten** program with a registration/book fee of **\$300** and tuition fee of **\$4,120.00** to be paid in full or \$_____ per week/month through the ***Tuition Express Program*** which is the required form of payment, unless paying in cash.

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.

I UNDERSTAND AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

* *Trinity Lutheran Kindergarten is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act.*

*Payments are due monthly or weekly, IN ADVANCE. TLPK operates solely from tuition and donations. If your child participates in the before and after school program there will be an extra charge at the rate of \$_____ per week.

A school calendar will be provided either in hard copy form or you may download a copy from the website at school.trinitygv.com so you are aware of when our Kindergarten Program will be closed; at which time you may choose to have your child participate in the Child Care Program (see rate sheet for schedule).

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

*Kindergarten is dismissed at 2:00pm. If your child is not picked-up by 2:10pm they will be enrolled in the Child Care Program for the afternoon and you will be assessed the current fee for the day (*see rate sheet).

*Registration fee and all tuitions are non-refundable. There is a \$25.00 service charge on all returned transaction. **Rates are subject to change with 30 day notification.**

In the event of an emergency, I understand that Trinity Lutheran Preschool & Kindergarten 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 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: _____ Parent/Guardian Signature: _____

Date: _____ Parent /Guardian Signature: _____

FAITH/LIFE QUESTIONNAIRE

FORM #3K

We, at Trinity would like to commend you for putting forth the effort in seeking out the best possible Preschool & Kindergarten 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 well being of your child, but their spiritual well being 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. In order 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): _____

Home/Mailing Address: _____

Home Phone: _____ Cell Phone # _____

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: _____

____ **Yes**, we have a family Bible. ____ **No**, we do not have a family Bible.

Fill-in:

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

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

Trinity Lutheran Preschool & Kindergarten
1174 Mill St.
Gardnerville, NV 89410
Phone (775)782-5437 Fax (775) 783-9862

HEALTH STATEMENT FORM

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 in the child care center:

Any medication prescribed:

Is child capable of adjusting to programs of the Trinity Lutheran Preschool & Kindergarten:

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 #6**

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 & Kindergarten may contact any Nevada State licensed practicing physician. I agree to pay for any costs and medical bills incurred. I understand that TLPK 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 & Kindergarten and staff are released from liability for any accidents or emergencies.

Date: _____ Parent/Guardian's Signature: _____

FAMILY, HEALTH AND SOCIAL HISTORY FORM #7

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? _____

FIELD TRIP PERMIT FORM #8

Authorization for escort

I understand that during the year my child, _____ may take part in field trips and educational excursions either by bus, van, private car or on foot. My child will be chaperoned by a responsible adult at all times 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 center on the aforementioned 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 #9

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.
- * Children will be escorted by a TLCCC 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 #10

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 list our name, mailing address, and phone number in the school's directory for school or church use only.

Date: _____ Parent/Guardian's Signature _____

I give TLPK permission to video tape chapel services or programs, including but not limited to audio or video of my child for occasional viewing on Christian Cable Station (Example: Christmas, Easter, or Wednesday services as a filler to the already televised church services) and newspaper photo or article as it relates to the Center's programs.

Date: _____ Parent/Guardian's Signature _____