



Trinity Lutheran Early Education Center

Registration Form

August 2018 - May 2019

Office use:
Date Rcvd: _____
Reg. Fee: _____
Check #: _____

I am new to Trinity Lutheran EEC.

Referred Website Flyer

(Please Print)

Date _____

Child's Name _____

Goes by _____ M / F

Child has school experience:

No Yes, Where _____

Birthdate Mo. _____ Day _____ Year _____

Mother's Name _____

Mailing Address _____

City _____ St _____ zip _____

Home Phone _____

Mother's Cell _____

Mothers Employer _____

Occupation _____ Wk Phone _____

Email _____

Home Church _____
Student Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnic Origin _____

Child's Brothers and Sisters

Name:	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Marital Status Married Divorced Single Widowed

Child lives with: Both Parents Mother Father

Father's Name _____

Home Address _____

City _____ St _____ zip _____

Home Phone _____

Father's Cell _____

Father's Employer _____

Occupation _____ Wk Phone _____

Email _____

PLEASE RETURN YOUR REGISTRATION FORM WITH \$50.00 non-refundable enrollment fee to

**Trinity Lutheran Early Education Center
1602 E. 1100 S.
Eden, ID 83325
208-825-5277**



Session Registration

Please indicate which sessions you would like to enroll your child. PLEASE NOTE: There are THREE payment level options this year. A Session = 1 half-day

1-2 Sessions per week - \$14/ Session

3-6 Sessions per week - \$13/ Session

7-8 Sessions per week - \$12/ Session

	Ext. AM (6 am - 8am)	Mornings 8 am - 11:30 am	Afternoons 12:00 pm - 3:30 pm	Ext. PM (3:30 pm - 6 pm)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Pick-Up Authorization

The following people are authorized to pick up my child from school.

Name	Phone	Cell	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact

In the event of an emergency, please contact:

Name	Phone	Cell	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Immunizations

Every child age 3-16 entering public or private school in Idaho for the first time must present evidence that he/she is immunized. Please submit your students record along with this registration form.

Medical Information

Please list any health problems or conditions that might require special planning or consideration for your child's participation in regular school activities.

Drug Allergies: _____

Food Allergies: _____

Name and Phone number or Medical Provider: _____

Name and Phone Number of Dentist: _____

Video and Photo Release

An annual directory will be published which will include your child's first and last name, parents' names, email and phone # () Please DO NOT Include my family's information

My child's photo, first name, quotes and/or likeness may be used in brochures, newsletters, ads, web pages, video and other media at Trinity Lutheran and may be displayed throughout the school/church campus. I waive rights to any royalty or fees that might be applicable for the use of such images, quotes or likenesses.

() Please DO NOT use my child's photo or likeness

Permissions

I give permission for the staff of Trinity Lutheran Church and Early Education Center to seek and provide emergency medical care for my child. Staff may call an ambulance or take a child to an available physician or medical treatment facility. Information on this form will be made available to medical and health dept. personnel.

I give permission for my child to take part in all the activities at Trinity Lutheran Church and Early Education Center.

Parent/Guardian Signature

Date