



# Trinity Lutheran Preschool Registration



School year: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ M or F (circle one)  
(First) (Last) (Nickname)

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Family's home church: \_\_\_\_\_

Baptized: Y or N (circle one)

### FAMILY INFORMATION

#### **Father/Guardian**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Mother/Guardian**

Name: \_\_\_\_\_

Address (if different) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Home phone (if different): \_\_\_\_\_

Business phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Any special custody arrangements we should know about?

\_\_\_\_\_

### MEDICAL INFORMATION

Does your child have any special needs in any of the following areas?

Medical (allergies) - \_\_\_\_\_

Social/emotional - \_\_\_\_\_

Physical - \_\_\_\_\_

Doctor's Name/Number - \_\_\_\_\_

\*In serious medical need, the principal at his discretion may send your child to Avera St. Luke's or Sanford Hospital. Parents are responsible for expenses associated with this action. To which hospital would you like your child sent? Please circle: Avera/St. Luke's or Sanford

**EMERGENCY CONTACTS (Other than parents)**

| Name | Relationship | Phone # | OK to pick up? |
|------|--------------|---------|----------------|
| 1.   |              |         | Y or N         |
| 2.   |              |         | Y or N         |
| 3.   |              |         | Y or N         |

**PAYMENT INFORMATION:**

- Payment for each month (not including August) is due by the 15<sup>th</sup> of each month. Please make checks out to Trinity Lutheran School or TLS.
- If full payment for the entire year is received before August 31, a 2% discount will be given on the tuition rate.

**SESSION ENROLLMENT:**

Morning session: 8:00-11:00 am (Choose one)

- Monday-Friday (5 days) \$190/month
- Monday, Wednesday, Friday (3 days) \$130/month
- Tuesday/Thursday (2 days) \$85/month

OR

Afternoon session: 12:15-3:15 pm (Choose one)

- Monday-Friday (5 days) \$190/month
- Monday, Wednesday, Friday (3 days) \$130/month
- Tuesday/Thursday (2 days) \$85/month

- I am interested in aftercare for my child which is available from 11:00 am to 5:30 pm each day. (Separate registration form is needed)
- I give permission for my child's photo to be used for publications, filming, social media, Trinity website, or other advertising media.
- Enclosed is my \$100 non-refundable registration fee to hold my child's spot. (If registration paperwork is received after May 1<sup>st</sup>, the registration fee will be \$150.)

\_\_\_\_\_  
*Parent/guardian Signature*

\_\_\_\_\_  
*Date*

Rev. D. T. Rawerts, Pastor  
[dtrawerts@trinityaberdeen.org](mailto:dtrawerts@trinityaberdeen.org)  
Mr. Aaron Kjenstad, Principal  
[principal@trinityaberdeen.org](mailto:principal@trinityaberdeen.org)  
Ms. Doreen Leinen, Preschool/ Aftercare Director  
[preschool@trinityaberdeen.org](mailto:preschool@trinityaberdeen.org)

*Trinity Lutheran School and Preschool Mission*

**Statement:**

*"We exist to help families in Aberdeen and the surrounding communities by providing children with a quality academic and Christ-centered education, in a loving and caring environment"*

