



TRINITY LUTHERAN SCHOOL EXTENDED CARE
Application for Enrollment
2008-2009 School Year

Child's Name

_____ *Last* _____ *First* _____ *Middle*

Sex _____

Grade _____

Home Phone _____

DOB _____

Child's Address

_____ *Street Name*

_____ *City*

_____ *State*

_____ *Zip*

Child's Physician

Phone

If unable to contact the above physician, may the Center call another one? Please list name and number.

Does your child have any health or other problems that we should be aware of? Please indicate below.

Mother's Name			
<i>Address</i>			
<i>City/State/Zip</i>			
<i>Phone</i>	W:	H:	Cell:
<i>Email address</i>			
<i>Name of Employer</i>			

Father's Name			
<i>Address</i>			
<i>City/State/Zip</i>			
<i>Phone</i>	W:	H:	Cell:
<i>Email address</i>			
<i>Name of Employer</i>			

Who may pick up your child, other than the parents? Please list below.			
<i>Name</i>		<i>Relationship</i>	
<i>Address 1</i>			
<i>Address 2</i>			
<i>Phone</i>			

<i>Name</i>		<i>Relationship</i>	
<i>Address 1</i>			
<i>Address 2</i>			
<i>Phone</i>			

<i>Name</i>		<i>Relationship</i>	
<i>Address 1</i>			
<i>Address 2</i>			
<i>Phone</i>			

A copy of the legal document, verifying custody and visitation rights, must be submitted if parents are legally separated or divorced.

Please check one:

My child will use extended care services on a **monthly _____ or drop-in _____ basis**. I will pay fees as such. Any changes from monthly to drop-in, and vice-versa, must be submitted in writing to the school office at least two weeks before the anticipated change.

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- I UNDERSTAND THAT THE REGISTRATION FEE OF \$30.00 MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE.
- I GIVE TRINITY LUTHERAN EXTENDED CARE PERMISSION TO TAKE MY CHILD TO _____ HOSPITAL, OR THE NEAREST HOSPITAL IN THE EVENT OF AN EMERGENCY, AT THE EXPENSE OF THE CHILD’S FAMILY SHOULD EMERGENCY CONTACTS NOT BE REACHED.
- I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN SCHOOL/CHURCH ACTIVITIES ANYWHERE ON THE PROPERTY OF TRINITY LUTHERAN CHURCH AND SCHOOL.
- I AGREE TO MAKE TIMELY PAYMENTS FOR EXTENDED CARE SERVICES, INCLUDING ANY LATE FEES FOR PICK-UP OF MY CHILD AFTER 5:30 PM.
- I ALSO UNDERSTAND THAT I MUST SIGN MY CHILD OUT EACH DAY UPON PICK-UP.

Signature of Parent/Guardian Date