

Trinity Lutheran Nursery School & Mothers' Morning Out

Kindergarten Enrichment

Registration 2026-2027

Child's Name _____ Kindergarten School _____

Nickname _____ Birth date _____

Address _____ Home Phone _____

_____ Email _____

Mother's Name _____ Work Number _____

Occupation _____ Cell Phone _____

Father's Name _____ Work Number _____

Occupation _____ Cell Phone _____

List of siblings, name & ages:

School child attends

Religious affiliation _____

Nearest neighbor or relative in case of an emergency:

Name _____ Phone _____ Name _____ Phone _____

Doctor _____ Phone _____

Dentist _____ Phone _____

In case of an emergency, my child may be taken to _____
(hospital)

Food sensitivities _____ Does your child have asthma? ____

Allergies _____ Does your child have an epi_pen ____ or
inhaler? ____

Any important information you would like to share about your child such as habits, likes, dislikes,
illnesses _____

I give my permission for the school to administer first aid to my child, _____

Signed _____.

I give my permission for _____ to participate in any class activity or trip during the
school year thereby releasing the school from any liability.

Signed _____ Date _____

Please check(monthly payment) & note which days your child will be attending Trinity ...

___ 2 days \$270.00 _____ M T W T H F _

___ 3 days \$330.00 _____ M T W T H F

___ 4 days \$370.00 _____ M T W T H F

___ 5 days \$415.00 _____ M T W T H F

___ Morning Session...(early morning drop off free at 8:30)

___ Afternoon Session

Manoa, Lynnewood, Chatham, Coopertown & Chestnutwald bus to and from Trinity...you must
notify the school

There is a \$50.00 non-refundable registration fee due with the return of this form

Aftercare

3:00 to 4:00 ...\$10.00

please complete opposite side

