

TRINITY LUTHERAN SCHOOL

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**EXTENDED SCHOOL CARE
ENROLLMENT APPLICATION
GRADE / AGE _____**

"BUILDING A FOUNDATION FOR LIFE"

STUDENT INFORMATION: (please print)

Child's Legal Name _____ (Male _____ Female _____)
(Last) (First) (Middle)

Address _____
(Street or road) (City) (Zip Code)

Telephone # _____ listed _____ unlisted _____

Name Child Goes By/Nickname _____ Date of Birth _____

School District _____ School Student Attends _____

Child **primarily** resides with: (check **one**) _____ both (one residence) _____ Mother _____ Father

Church Membership: Trinity Lutheran _____ Other (please list) _____ None _____

FAMILY INFORMATION: (please print)

Father's Full Name _____

Address _____

Address _____

Home Phone # _____

Home Phone # _____

Education _____ High School _____ College

Education _____ High School _____ College

Employer _____

Employer _____

Occupation _____

Occupation _____

Work Phone # _____

Work Phone # _____

Cellular Phone # _____

Cellular Phone # _____

Pager # _____

Pager # _____

Please list name/birthdate/grade (if applicable)

OTHER CHILDREN IN FAMILY:

Mother's Full Name _____

MEDICAL INFORMATION: (please print)

Doctor: _____
(Name) (Office Address) (Office Phone #)

Dentist: _____
(Name) (Office Address) (Office Phone #)

Please list any Medical Information regarding your child that the school staff should be aware of (i.e. **allergies**, medications, health problems, activity restrictions etc.): _____

Health Insurance Policy Name and Number: _____

My child is in good health and able to participate in school activities with ___no restrictions / ___restrictions as listed above. (**Please initial** _____)

In the event of a medical emergency concerning our child, we hereby give Trinity Lutheran School permission to seek medical attention at Lakeview Community Hospital, Paw Paw. (**Please initial** _____)

EMERGENCY CONTACTS:

The school staff will always try to contact the parents first in the event of an illness or emergency concerning your child. However, if we are unable to reach you, please list two names below (in order of preference) that we can call: (please print)

- 1. _____ Phone # _____
- 2. _____ Phone # _____

TRANSPORTATION:

Student (check one) _____ will _____ will not be riding the Paw Paw school buses to/from ESC.

The following people also have permission to pick up our child--you may add to or delete from this list any time during the course of the school year: (please print)

- 1. _____ 2. _____
- 3. _____ 4. _____

Father's signature and date

Mother's signature and date

**PLEASE RETURN THIS FORM WITH A NON-REFUNDABLE \$25.00 REGISTRATION FEE.
(Enrollment forms returned without registration fee will be considered invalid.)**

Received _____
Enroll. Fee _____
Data Ent. _____