

**TRINITY LUTHERAN SCHOOL
TLC PRESCHOOL**

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**2017-2018
PRESCHOOL/KINDERGARTEN
READINESS ENROLLMENT
APPLICATION**

PRESCHOOL STUDENT INFORMATION: (please print)

Preschool Student #1 (circle one) 1) TU-TH/AM (3 year olds) 2) MWF/AM (4 year olds) 3) KINDERGARTEN READINESS

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

Date of Birth _____ Male ___Female___ School District _____

Nickname child goes by: _____ Name to be written on school work _____

My child tends to be: ___Left-handed ___Right-handed ___Unsure

Are there any specific fears your child has? _____

Previous preschool experience? _____

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

Has this child been baptized in the name of the Father, Son and Holy Spirit? ___Yes ___No ___Dedicated

Medical Information school staff should be aware of (**allergies**, medications, health problems, activity restrictions):

Preschool Student #2 (circle one) 1) TU-TH/AM (3 year olds) 2) MWF/AM (4 year olds) 3) KINDERGARTEN READINESS

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

Date of Birth _____ Male ___Female___ School District _____

Nickname child goes by: _____ Name to be written on school work _____

My child tends to be: ___Left-handed ___Right-handed ___Unsure

Are there any specific fears your child has? _____

Previous preschool experience? _____

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

Has this child been baptized in the name of the Father, Son and Holy Spirit? ___Yes ___No ___Dedicated

Medical Information school staff should be aware of (**allergies**, medications, health problems, activity restrictions):

(To enroll more than 2 preschool students, please ask in the school office for additional student information page.)

FAMILY INFORMATION: (please print)

Father's Full Name _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Education: _____ High School _____ College _____

Employer _____ Occupation _____

Work Phone # _____ Cell Phone # _____ E-mail: _____

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

Mother's Full Name _____

(if different from father) Address _____ City _____ State _____ Zip _____

Home Phone # _____ Education: _____ High School _____ College _____

Employer _____ Occupation _____

Work Phone # _____ Cell Phone # _____ E-mail _____

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

Names & birthdates of children in family not enrolled in TLS:

EMERGENCY CONTACTS:

The school staff will always try to contact the parents first in the event of an illness or emergency concerning your child(ren). 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:

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

1. _____ 2. _____

3. _____ 4. _____

Will your child be coming from or going to a Childcare Provider? _____ Yes _____ No

Name of Childcare Provider _____ Phone # _____

Address _____

We hereby give permission to Trinity Lutheran School for our child(ren) to be transported by Paw Paw School Bus for field trips or other school function purposes. (**Please initial** _____)

CHILD(REN)'S MEDICAL INFORMATION: (please print)

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

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

Health Insurance Policy Name and Number: _____

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

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

****Photo Disclaimer:** By enrolling your child(ren) at Trinity Lutheran School you are also granting general permission for still and live photography to be captured by TLS for purposes of marketing and public relations. No names are used with pictures. (Any family with a special circumstance is obligated to inform the office in writing of their inability to participate in this way.)

We want a Christ-centered education for our child(ren). It is for that reason we are enrolling our child(ren).

We want Christ in our family life, also. To this end we commit ourselves to regular church attendance, family devotions and Bible study.

We plan to set a proper example for our child(ren) and we expect them to grow in leading a sanctified life. Love, repentance and forgiveness will be important parts of this life in Christ.

We ask God's help in this endeavor.

Father's signature and date

Mother's signature and date

ALL PRESCHOOL STUDENTS MUST HAVE A CURRENT (2017) HEALTH APPRAISAL
—SIGNED BY THEIR DOCTOR—
ON FILE IN THE SCHOOL OFFICE BEFORE PRESCHOOL CLASSES BEGIN IN SEPTEMBER!
(A Health Appraisal form may be obtained in the school office.)

**A COPY OF YOUR CHILD(REN)'S CURRENT IMMUNIZATION RECORD(S)
MUST ALSO BE ATTACHED TO THIS ENROLLMENT FORM
BEFORE SUBMITTING IT TO THE SCHOOL OFFICE.**

****If you are new to our school and were referred to us by a current TLS family, please indicate below:****

REFERRED BY: _____

Office Use Only:
Received _____
Amount collected _____

PRESCHOOL STUDENT INFORMATION: (please print)

Preschool Student #3 (circle one) 1) TU-TH/AM (3/4's) 2) MWF/AM (4/5's) 3) M-F/AM (4/5's)

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

Date of Birth _____ Male ___Female___

Nickname child goes by: _____ Name to be written on school work _____

My child tends to be: ___Left-handed ___Right-handed ___Unsure

Are there any specific fears your child has? _____

Previous Preschool Experience? _____

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

Has this child been baptized in the name of the Father, Son and Holy Spirit? ___Yes ___No ___Dedicated

Medical Information school staff should be aware of (**allergies**, medications, health problems, activity restrictions):

Preschool Student #4 (circle one) 1) TU-TH/AM (3/4's) 2) MWF/AM (4/5's) 3) M-F/AM (4/5's)

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

Date of Birth _____ Male ___Female___

Nickname child goes by: _____ Name to be written on school work _____

My child tends to be: ___Left-handed ___Right-handed ___Unsure

Are there any specific fears your child has? _____

Previous Preschool Experience? _____

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

Has this child been baptized in the name of the Father, Son and Holy Spirit? ___Yes ___No ___Dedicated

Medical Information school staff should be aware of (**allergies**, medications, health problems, activity restrictions):

