

Teacher _____

Trinity Weekday Ministries
2018-2019 Registration Form
Connie Hebert, Director

Child's Full Name _____ Preferred Name _____

Child's Birth Date _____ Age as of 9/1/18 _____ Gender _____ Home Phone _____

Child's Address _____ City _____ Zip _____

Date of Admission _____

Please circle the days your child will be attending. **Tu/W/Th** **Mon-Fri**

My child will attend Extended Care. **Yes** **No**

Mother's Name _____ Father's Name _____

Address _____ Address _____

Home # _____ Home # _____

Work # _____ Work # _____

Cell # _____ Cell # _____

Member of Trinity? _____ If not what local church does your family attend? _____

Please list the name of 2 emergency contacts in case parents or guardians cannot be reached.

Name _____ Name _____

Address _____ Address _____

Phone # _____ Relationship _____ Phone # _____ Relationship _____

I hereby authorize the day care facility to allow my child to leave the childcare facility ONLY with the following persons.

Name _____ Name _____

Phone # _____ Phone # _____

List any special problems that your child may have, such as allergies, existing illnesses, previous serious illnesses, injuries during the past 12 months, any medication prescribed for long term continuous use, and any other information which staff should be aware of:

Signature of Parent or Legal Guardian

Date

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to: (ALL BLANKS MUST BE FILLED IN!!)

Name of Physician _____ Name of Hospital _____

Address _____ Address _____

Phone # _____ Phone # _____

I give consent for this facility to secure any and all necessary emergency medical care for my child.

Signature of Parent or Legal Guardian

Date

Please read the following, check the necessary lines and sign.

1. WATER ACTIVITIES I hereby give _____ do not give _____ my consent for my child to participate in water activities such as sprinkler play, splashing wading pools, and water table play.

2. TRANSPORTATION I hereby give _____ do not give _____ my consent for my child to be transported and supervised by facility's staff should a need arise.

RECEIPT OF POLICIES

I acknowledge the receipt of the operational policies including those for discipline and guidance. Yes _____ No _____

Signature of Parent or Legal Guardian

ENROLLMENT POLICY

Enrollment of the child in the Trinity Play School or Day School obligates the parents or guardian to pay tuition for 9 months regardless of attendance. If a student is to be withdrawn, **two weeks notice of intention to withdraw must officially be given to the school office.** Tuition is then payable to the end of the current month in which the child is withdrawn.

TUITION FEES

Tuition is due on the first day of each month and is considered late after the 5th of the month. Tuition will be paid in the months of July and October through May.

REGISTRATION FEE

The registration fee is applied toward supplies and refreshments. This fee is due upon enrollment of the child and is a **NON-REFUNDABLE FEE.**

CONSENT FORM

I hereby consent to have my child participate in walks around the school grounds to points of interest under careful supervision of the teachers or participating volunteer workers. I understand that all safety precautions will be under the careful supervision of the school workers. Hence, I will not hold the school or any worker liable for any accident that might happen to my child while attending Trinity Weekday Ministries.

Signature of Parent or Legal Guardian

Date

How did you hear about Trinity Weekday Ministries? _____