

HOUSEHOLD INFORMATION

Church Affiliation: _____

Names and birthdates of other siblings: _____

Applicant's special interests: _____

Is your child toilet trained? (Yes or No) _____

MEDICAL

Emergency Medical Contact: _____ Ph #: _____

Child's Doctor: _____ Phone #: _____

Does your child have any allergies? (medications, food, insect bites):

Are there any medical/emotional concerns? _____

A medical release form and #3231 immunization form will be required before your child starts school.

MEDIA CONSENT

The media may request to videotape, interview, or photograph our students. Trinity Lutheran Church may request to use pictures for the website.

_____ **I do** approve the use of my child's picture.

_____ **I do not** approve the use of my child's picture.

We publish a school directory with the following information: Please indicate below information to be distributed to other parents. (Please cross off any items you do not want included.)

- Student name
- Parent name _____ **I do** want my info. included in the directory
- Address _____ **I do not** want my info. included in the directory
- Phone
- Email

A \$75.00 registration fee is due at registration. Registration must be paid in full to secure your child's placement. A \$75.00 supply fee is due by the first week of school. Registration and supply fees are non-refundable.

FOR OFFICE USE ONLY:

Reg. fee _____ Supply fee _____ Med. Release _____ 3231 _____

