



Trinity Lutheran School  
16000 S. Henrici Rd.  
Oregon City, OR 97045

503.632.5554

2010-2011 School Year  
4-Year-Old Preschool

Please print all information using blue or black ink.

NOTE: A one-time, non-refundable application fee of \$100.00 must accompany this registration.

Date: \_\_\_\_\_

Registering for: [  ] 4-Year-Olds Morning Group [  ] 4-Year-Olds Afternoon Group

Child's Full Name: \_\_\_\_\_

Child's Birth-date: \_\_\_\_\_ Sex [  ] Boy [  ] Girl

Mother's Name (or Primary Guardian): \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father's Name (or Guardian): \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Daycare Provider's Phone: \_\_\_\_\_

Emergency Contact Information (List someone other than a parent to contact in the event of an emergency in which the parents cannot be reached.)

Name and Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_

**Persons With Permission to Remove the Child from School Grounds**

(Others not on this list will require a signed and dated note submitted to the classroom teacher in advance.) Persons other than those normally responsible for the child’s pick-up, including those on this list, will be asked to show picture identification.

| Name     | Relationship to Child |
|----------|-----------------------|
| 1. _____ | _____                 |
| 2. _____ | _____                 |
| 3. _____ | _____                 |
| 4. _____ | _____                 |

**Health and Safety Questions:**

Does your child have any allergies of which you are aware? [ ] No [ ] Yes

If yes, please list all allergies and their potential reactions here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Arrangements for any necessary medication will need to be made with the school administrator.*

Do you give Trinity Lutheran Church and School staff permission to provide EMERGENCY care for your child? [ ] YES [ ] NO

*In the event of an emergency, we will use local ambulance service to Willamette Falls Hospital.*

**School and Church Background**

Has your child had previous school experience? [ ] YES [ ] NO

If yes, where and for which grades? \_\_\_\_\_  
\_\_\_\_\_

Do you attend a church? [ ] Yes [ ] No

If yes, where do you attend? \_\_\_\_\_

Is your child baptized? [ ] Yes [ ] No Dedicated? [ ] Yes [ ] No Date: \_\_\_\_\_

Please list names and ages of all siblings: \_\_\_\_\_

Person Responsible for Tuition Payment: [ ] Mother [ ] Father [ ] Other \_\_\_\_\_

How did you find out about our school? \_\_\_\_\_

Why are you interested in having your child attend Trinity Lutheran School? \_\_\_\_\_

I attest that all of the information in this registration is complete and true to the best of my knowledge. I agree to follow the guidelines set forth in the school handbook and to pay all tuition fees when due.

By signing this registration form, I agree to allow the school the use of my child's picture, either still or in video for the promotion of the school within the church and community. This may include but is not limited to: photos published in newspapers, brochures, on the school website, or for the prayer partner program.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Trinity Lutheran School values your privacy. The information contained on this form will never be made available to persons outside of the school system without a mandated court order.

Trinity Lutheran School admits students of any race, color, national/ethnic origin, and religion to all the rights, privileges, programs, and activities generally accorded or made available to all students of the school. We do not discriminate on the basis of race, color, nation/ethnic origin, or religion in the administration of our educational policies, scholarships or any other school administered programs.

Upon receipt of this application, it will be reviewed by the administrator and an interview will be scheduled with the child and parents to determine admittance.

Upon admittance to our school program, parents will be required to provide a copy of the child's birth certificate, immunization records, and/or previous school records if applicable.

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