

Dear parent(s) and gaurdians,



Please fill out and return the following forms to the Trinity Lutheran Church office in order to register your child for Trinity Lutheran Preschool. You are welcome to enroll your child for the current year or an upcoming year (make sure you specify the year towards the top of the yellow form.) To register for the current year, your child must be the specified age (3 or 4/5) by Sept 10th of the year you are applying for. **You will need:**

- Registration form**
- Medical Information & Release form**
- a copy of your child's **Immunization records** (Call the Teton County Health Dept. (406) 466-2562) (NOT NEEDED if your child attended the 3 y.o. class last year).
- Scholarship applications (please ask for these if you are interested OR mark it on your registration form.)
- \$25.00 registration fee (**needed to make Registration official**)

To ensure your spot of the 13 available per class for 4 & 5 year olds and 10 available for the 3 year old class, return the forms (listed above) and registration fee as soon as possible. **Tuition is due monthly, 4&5 year old cost is \$145 and the 3 year old cost is \$120.** Cost may vary from year to year!

This coming summer, I will be mailing you a welcome letter along with the school supply list. Also included will be an invitation to our **Meet & Greet in August or early September**. This Meet and Greet is a great way for your child to meet their teacher, their classmates and see the classroom before the 1st day of school. This alleviates any fears your little one may have and gets them excited about school. There will also be a **Parent/Guardian Orientation**. We will go over the Parent Handbook as well as the school calendar and other important forms. This session is very important to attend (at least one parent/guardian) and is for adults only.

Our 1st week of school will begin after Labor Day. The 3 year olds will attend on Thursday and Friday and the 4 & 5 year olds will meet on Monday, Tuesday and Wednesday. School begins at 8:30 am and ends at 11:30 am each day for the 3 year olds. As for the 4 & 5 year olds, the AM class is from 8:30 am to 11:30am and the PM Class is from 12:30pm to 3:30 pm (if we have enough students to make a 2nd class).

If you would like to register for the following year, you are more then welcome to as our 3 yr. old class moves up to the 4&5 year old morning class automatically each year. Therefore, there are not many slots (if any) in the AM 4&5 year old class each year. We do try to offer an afternoon class though! In regards to waiting lists, because there can be so many changes (for example: someone moves or decides they are too young to attend) between now and September, we will let you know if there is an opening for your child as soon as we know for sure!

I am so excited to meet and teach your child and I'm looking forward to a year of fun, friendship and learning.

Sincerely,
Julienne Gramm
Trinity Lutheran Preschool teacher

Registration can be mailed to, or dropped off at
Trinity Lutheran Preschool/Church (406) 466-2291
P.O. Box 110/ 38 1st Ave. S.W. , Choteau, MT 59422
Church office hours vary from year to year (call the church office for more information)
Currently; Monday -Thursday mornings (8:30-11:30)

TRINITY LUTHERAN PRESCHOOL MEDICAL INFORMATION
& RELEASE FORM

Note to Parents/ Guardians: This form needs to be filled out completely in order to help us keep your child as safe as possible. The teacher will keep these in the classroom and bring them along on field trips. Thank you for taking the time for your child.

Child's Name _____ Birth date _____

#1 Parent/Guardian _____
Home Phone _____ Business Phone _____

#2 Parent/Guardian _____
Home Phone _____ Business Phone _____

Name of persons other than parent/guardian to be called in case of an emergency:

Name _____ Relationship _____
Home Phone _____ Business Phone _____

Name _____ Relationship _____
Home Phone _____ Business Phone _____

Physician to be called in an emergency: _____
Clinic/ Hospital name: _____
Phone _____

Insurance company name and policy number _____

Food or drug
Allergies: _____

Current medication _____

Special dietary needs _____

please turn over _____

Physical restrictions _____

Phobias/fears _____

Conditions that could affect behavior or learning _____

PLEASE ATTACH a copy of your child's current immunization record.

MEDICAL/SURGICAL RELEASE: I understand that every effort will be made to contact me if my child, _____, needs emergency Medical/Surgical treatment. If it is impossible to do so, I hereby give my permission to the physician selected by the preschool instructor or responsible adult supervisor to secure proper treatment, to hospitalize, to order injection, anesthesia, or surgery for my child.

Signature of Parent/Guardian Date _____

Trinity Lutheran Preschool Registration Form

For Office Use Only
Reg. Payment Rec'd by _____
Check _____ Cash _____
Date _____

Child's Name _____ Birthdate (must be 3 years by Sept. 10 & potty trained) _____
Gender: Male _____ Female _____ Class- _____ 3 year old _____ 4&5 year old _____ School Year: _____ - _____

Address: physical _____
mailing _____

Mother's Name _____ Home Phone _____
Cell Phone _____ Email Address _____
Workplace _____ Work Phone _____

Father's Name _____ Home Phone _____
Cell Phone _____ Email Address _____
Workplace _____ Work Phone _____

Gaurdian's Name (if child is not living with parents) _____
Relationship _____ Home Phone _____
Address _____
Workplace _____ Work Phone _____
Cell Phone _____ Email Address _____

Names of persons AUTHORIZED TO PICK-UP YOUR CHILD FROM PRESCHOOL:

Phone _____ Relationship _____

Phone _____ Relationship _____

Phone _____ Relationship _____

Please note any special dislikes, habits, fears, or other information you think would be helpful to know about your child: _____

_____ (if more, use other side)

(currently- 3 y.o. meet Th & Fri, 4&5 y.o. meet Mon, Tues. & Wed)
For the 4&5 year old class only: Prefer am or pm class (if a pm class is offered): _____ am _____ pm

We always appreciate the assistance and involvement of parents in our preschool. If you would be willing to help with any of the following, please indicate by placing a check in the space provided below:

_____ Assist with fieldtrips _____ Occasionally read to the class
_____ Assist with special class projects or programs _____ Help prepare items for special bulletin boards

I would like Scholarship information sent to me: Please circle: Yes / No

Your child will be officially registered for the school year listed above once this registration form and the \$25 registration fee is received. Please send to Trinity Lutheran Preschool, Box 110, Choteau, MT 59422 or bring to the Trinity Lutheran Church office. 38 1st Ave. SW- Choteau, MT

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____