

Trinity Lutheran Preschool

2025-26 Enrollment Form

Complete this entire packet & return to the preschool office or scan & email the Preschool

Student's first name _____ Student's last name _____ Birthdate ____/____/____ Gender _____

Parent 1/Guardian first/last name _____ cell/home/work phone _____ cell/home/work phone _____

Parent 1 Email _____ Relationship to child _____

Parent 2/Guardian first/last name _____ cell / home / work phone _____ cell / home / work phone _____

Parent 2 Email _____ Relationship to child _____

Child lives with: _____

Child's primary address _____ City _____ Zip _____

Classes and Schedules

On August 31, 2025 my child's age: _____ years old.

_____ Three's	9:00-12:00	Offered 2-5 days	Must be 3 years old by Dec. 31, 2025
_____ Pre-K	9:00-12:00	Offered 3-5 days	Must be 4 years old by August 31, 2025

How many days		Circle which days				
_____ 2 day	\$395 monthly	M	T	W	Th	F
_____ 3 day	\$420 monthly	M	T	W	Th	F
_____ 4 day	\$465 monthly	M	T	W	Th	F
_____ 5 day	\$530 monthly	M	T	W	Th	F

\$250 Registration Fee *is due at the time of enrollment each year and non-refundable*
*Registration fee and all tuition payments are made using the **Brightwheel** app*

Office tracking: date forms received _____ sent Brightwheel invite _____ sent registration fee invoice _____ set up monthly plan _____
 Facebook yes no file folder made _____ added to class list _____ **no missing information** _____

Additional notes _____

Trinity Lutheran Preschool CHILD INFORMATION 2025-26

Student's first name

Student's last name

This information is valuable for teachers to get to know your child.

Parent 1 place of Employment

Position

Parent 2 place of Employment

Position

Name and ages of brothers and sisters

Names and types of family pet(s)

What language(s) does your child speak?

What activities and/or toys does your child enjoy at home?

Family church membership- (optional)

Fears your child may have

Type of discipline you use

Names of other preschool or childcare centers your child has attended /Reasons for leaving

What do you hope that your child will learn this year at preschool?

List any concerns about your child

I'd like my child's teachers to know.....

Enrollment period: Enrollment is for the entire school year, September through mid-June.
We require 2 weeks written notice for your child to be withdrawn from our program.

Registration fees: All Registration fees are NON-REFUNDABLE. Registration fees are collected each year.

Tuition Policy: The total annual tuition is divided into 10 equal payments payable by the 5th of each month.
The first monthly tuition payment is due August 1 when you have **registered by July 31st.**
Your final tuition payment is due May 1.

If you enroll **after July 31st**, your tuition payments will start on your child's first day of class and the final tuition payment will be due June 1. Mid month class starts may be pro-rated.

Late Tuition Fees: A \$30 fee will be invoiced for late tuition payments made after the 5th of the month.

Non-Sufficient Payments (NSF) A \$30 fee will be invoiced for all credit card declines or NSF checks.

Brightwheel permission

It is **mandatory** to use Brightwheel for our school. You may use the app for your phone or the online version. Tuition invoices are sent via Brightwheel. You can set up a bank account (.60 flat fee apply) or credit card (2.9% fee apply) per transaction for payments. We will help you get on boarded and acquainted to Brightwheel at the time of registration.

I have reviewed this entire contract and agree to abide by the provisions of the contract and materials incorporated into it.

As the parent/guardian for the child named below, I/We consent to Trinity Lutheran Preschool's collection, use and display of my child's information on the Brightwheel application in accordance with the Privacy Policy set out on the Brightwheel website: <https://mybrightwheel.com/privacy/>

Student's Name _____

Parent 1 _____
print name

signature

Parent 2 _____
print name

signature

Non-Discrimination Policy: We at TLP welcome children regardless of race, ethnicity, religion, gender, color, country of origin, or family design.

Trinity Lutheran Preschool DISMISSAL AUTHORIZATION 2025-26

Student's first name

Student's last name

When parents are not available to pick up their child from school, TLP requires your permission to release your child to another adult. Please list relatives or friends who have your permission to pick the above listed child up from Preschool. TLP will not release your child to anyone without your permission. **Please inform these contacts** the TLP personnel may ask for their personal identification before releasing your child to them during our dismissal process.

Photo ID is required of all persons picking up children other than a parent.

Please provide two or more persons.

1. Name _____ Relationship _____

Phone # _____

2. Name _____ Relationship _____

Phone # _____

3. Name _____ Relationship _____

Phone # _____

4. Name _____ Relationship _____

Phone # _____

Parent/Guardian Signature

Date

TRINITY LUTHERAN PRESCHOOL 2025-26 HEALTH HISTORY p. 1

STUDENT'S FIRST NAME _____

STUDENT'S LAST NAME _____

DATE _____

Parent/Guardian Signature _____

Child's Physician _____

Phone # _____

Clinic Address: _____

Date of Child's Last Physical Exam _____

Is your child taking medication at home for any ongoing condition? ____no ____yes

If yes, please describe: _____

Share any health concerns or chronic medical conditions that you believe would be important for Trinity Lutheran Preschool and its staff to know while your child is in our care:

ALLERGIES: Check all that apply: ____Foods ____Plants ____Bee/Insects ____Animals ____Other

List Allergies and ALLERGIC REACTION

If Signs of a reaction occur, please list instructions of how you would like us to respond, in order.

1. _____
2. _____
3. _____

Is medication or Epi-Pen needed for allergy? ____YES ____NO

If yes, we **REQUIRE a current Doctor's prescription and the Medication/EPI-PEN to be left at school** with instructions for dosage and circumstances under which medication is to be administered and labeled with your child's name. A conference with the Director and your child's Teachers is required each year your child is enrolled.

TRINITY LUTHERAN PRESCHOOL 2025-26 HEALTH HISTORY p. 2

FOOD RESTRICTIONS

___NO ___YES Does your child have any food restrictions that are related to: Cultural ___Religious ___Personal ___

Please describe;

HAS YOUR CHILD:

Had a hearing test? ___yes ___no Please list concerns

Had an eye exam? ___yes ___no Please list any concerns

Had a speech/communication evaluation? ___yes ___no Please list any concerns

Is your child currently receiving speech therapy? ___yes ___no

Has your child seen a dentist? ___yes ___no Name of Dentist : _____

City/State _____ Phone _____

Do you have any concerns about your child's behavior? ___yes ___no If yes, describe:

Do you have any concerns about your child's development? ___yes ___no If yes, describe:

ADDITIONAL INFORMATION: _____

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILD

I hereby give permission that my child,

may be given **non-emergency treatment** by a qualified employee at Trinity Lutheran Church and School.

In an **medical emergency situation**, if I cannot be contacted I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or emergency technician (EMT) when deemed necessary or advised by the physician or EMT to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center at the discretion of Emergency Personnel for treatment.

Parent/Guardian Signature

Date

Trinity Lutheran Preschool Release Forms 2025-26

Pictures for Trinity Lutheran Preschool

I understand pictures taken of my child will be used on Brightwheel, hallway or classroom displays, and special events here at Trinity.

Pictures will **not** be used for advertisement, in publications or on the internet without special written parental/guardian consent.



Facebook Release

Trinity Lutheran Preschool has a Facebook page where we highlight activities at our school, and post pictures. We do not use children's names or tag them. ***Please initial*** which choice you choose for your child.

_____ **YES:** my child's picture can be used for the TLP Facebook page.

_____ **NO:** my child's picture should not be used on the TLP Facebook page

Child's name

Parent/Guardian signature

Date

Immunization Form

State Law requires:

Medically Verified Records

The State of WA requires medically verified immunization records for school and child care entry. Medically verified record includes one of the following:

1. Certificate of Immunization Status (CIS) printed from the Immunization Information System. Instructions of how to do this are on the last page at the top of the form we have provided for you.

OR

2.. Completed hardcopy CIS form with a health care provider validation signature

We cannot accept hand written dates of immunizations and a list of immunizations from your Dr.



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name:		First Name:		Middle Initial:		Birthdate (MM/DD/YYYY):	
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.					
X		X		Parent/Guardian Signature Required if Starting in Conditional Status		Date	
Parent/Guardian Signature		Date		Documentation of Disease Immunity (Health care provider use only)			
▲ Required for School • Required Child Care/Preschool		MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry							
• ▲ DTaP (Diphtheria, Tetanus, Pertussis)							
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
• ▲ DT or Td (Tetanus, Diphtheria)							
• ▲ Hepatitis B							
• Hib (<i>Haemophilus influenzae type b</i>)							
• ▲ IPV (Polio) (any combination of IPV/OPV)							
• ▲ OPV (Polio)							
• ▲ MMR (Measles, Mumps, Rubella)							
• PCV/PPSV (Pneumococcal)							
• ▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							
I certify that the information provided on this form is correct and verifiable.		Health Care Provider or School Official Name: _____		Signature: _____		Date: _____	

TRINITY LUTHERAN PRESCHOOL

LUNCH BUNCH & EARLY BIRD 2025-26

Child's Name



Lunch Bunch 12:00-1:00 pm

Lunch bunch class is held in room 102. Your teacher brings them to the lunch bunch room at the end of their class.

Each child brings a nutritious lunch from home.

NO Peanuts or Nut products



Early Bird 8:30-9:00 am

Drop off your child during this time to Room 102 and we will have fun until their class starts. Use it every once in awhile or reserve a spot on a monthly basis.

I am registering my child for Lunch Bunch:

Check How Many Days

___ 2 day \$60 month

___ 3 day \$80 month

___ 4 day \$105 month

___ 5 day \$130 month

Circle Which Days

Monday Tuesday Wednesday Thursday Friday

Drop in \$10 per Day

Drop in available will be as space allows and pay after you reserve and use the service

I am registering my child for Early Bird:

Monthly rates listed here are per half hour

Check How Many Days

___ 2 day \$45 month

___ 3 day \$60 month

___ 4 day \$65 month

___ 5 day \$70 month

Circle Which Days

Monday Tuesday Wednesday Thursday Friday

Drop in \$5 a Day per half hour

Drop in available will be as space allows and pay after you reserve and use the service