



HOLY TRINITY LUTHERAN SCHOOL
Enrollment Information

Child's Full Name: _____

Name Child Goes By: _____

Date of Birth: _____

Sex: Male Female

Address: _____

Child's Home Phone No: _____

Parent or Guardian Information:

Father's Name: _____ Phone: _____

Father's Address: _____

E-mail Address: _____

Father's Occupation: _____

Place of Employment: _____ Phone: _____

Mother's Name: _____ Phone: _____

Mother's Address: _____

E-mail Address: _____

Mother's Occupation: _____

Place of Employment: _____ Phone: _____

Guardian's Name: (if applicable) _____

Relationship to Child: _____

Occupation: _____ Phone: _____

Person to be called for Emergencies:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Physician to be called for Emergencies:

Name: _____ Phone: _____

Address: _____

Emergency Hospital: _____ Other: _____

Allergies or Medical Conditions:

Drug or Food Allergies: _____

Other Medical Conditions: _____



Enrollment Preferences:

Students must be the age of the class by September 1st.

Students will not be guaranteed choice of teacher.

Three Year Old Class

_____ Tues/Thurs a.m.

_____ Mon/Wed/Fri a.m.

Pre- K Class

_____ M/T/W/TH a.m.

_____ M/T/W/TH p.m.

_____ M/T/W/TH/F (9:00 a.m.-2:30 p.m.)

Kindergarten Class

_____ M/T/W/TH/F All Day 8:30 a.m. to 3:30 p.m.

- Afternoon classes will only be offered after morning classes are filled.
- All children must be potty-trained- NO EXCEPTIONS!!

PERSONS AUTHORIZED TO TAKE YOUR CHILD FROM SCHOOL:

(Children will not be allowed to leave with any other person without written authorization from the responsible parent or guardian.)

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Signature of Parent/Guardian: _____ Date: _____

PERSONAL HISTORY:

Has your child had a previous group experience? _____

Are there any other children in the family? _____

If so, names and ages _____

Are there any special foods or eating instructions? _____

Are there any limitations to physical activities? _____

Has your child been baptized? _____

If so, where and when? _____

Church Membership _____

Any additional information such as discipline, child's communication, comforting, etc.?

Date of Admission: _____ Date of Discharge: _____

Note: This information must be kept current and immediately available in the office at all times.