



Registration Packet Check List

Your child's Spot will not be held if pages 1-16 are not returned at the time of registration. Page 17 & 18 are needed by August 1st.

This check list is to help make sure you have all the correct paperwork before returning it back to the school.

1. Registration Packet Check List.
2. Registration Form / Tuition Payment Option
3. Parent Information Sheet
4. Tuition - You can keep
5. Emergency Form
6. Important School Information & School History
7. General Enrollment Information
8. General Enrollment Information Cont.
9. Authorization Form
10. Field Trip Authorization Form
11. Parent Agreement
12. TV Viewing / Topical Preparation Permission Form
13. Publicity Form / Social Media Permission / Rest Time Policy / Hospital Choice
14. Parent Responsibilities
15. / 16 Anti- Bullying Agreement / Student / Guardian Responsibilities
17. Physical Exam - **NEED BACK BEFORE AUGUST 1st! (Details on Page)**
18. Up to date immunization record. **Must have Colorado Department of Public Health Seal on top left hand corner.**
<https://copublicportal.state.co.us/>



Trinity Lutheran
School

Registration Form

Trinity Evangelical Lutheran Church and School
52 El Rio Drive, P.O. Box 787 Alamosa, CO 81101
School (719) 937-2150 Church (719) 589-4611
School Email: trinitylutheranalamosa@gmail.com

Preschool: 3 years old as of July 1st

Kindergarten: 5 years old as of October 1st

CLASS: Please circle the class your child will be entering and days they are attending

(3 year olds can only come TWO days)

Preschool: 2 mornings

Preschool: 3 morning

Preschool: 4 mornings

Preschool: 2 full days

Preschool: 3 full days

Preschool: 4 full days

Kindergarten

First Grade

Second grade

PLEASE CIRCLE WHICH DAYS YOUR CHILD WILL BE ATTENDING (PRE-K ONLY)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

Name of child

Street address

Mailing address

Date of birth _____

Payment Options: 9 Month Payment or 12 Month Payments or Pay in Full

(Circle One Option Please) (Details on Page 3)

Parent Information**Father's Information**

Father _____ Cell phone: _____

Social Security #: _____ DOB: _____

Home address _____

Email address _____

Workplace: _____ Work phone: _____

Work physical address _____

Mother's Information

Mother _____ Cell Phone: _____

Social Security #: _____ DOB: _____

Home address _____

Email address _____

Workplace _____ Work phone: _____

Work physical address _____

In the event that your account is 60 days past due and is turned over to a collection agency, all collection fees will be assessed to you.

Father's signature _____ Date _____

Mother's signature _____ Date _____

THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND SECURE**FOR SCHOOL USE ONLY**

Date received _____ Amount _____ Check # _____

Date of enrollment (first day of school) _____ Pre- admission Interview: _____

Authorized signature _____

Trinity Lutheran School Tuition 2026-2027

You have the option of paying over 12 months (**July-June**) or 9 months (**September- May**)

If you have more than one student in our school, you pay the full tuition due for the oldest child and receive 15% off each additional child.

***Registration Fees are NON- REFUNDABLE**

In order to secure your child's spot, we MUST have a complete registration form with the appropriate registration and supply fees due at the time you turn in your registration form. We can not save a spot for your child without these two items.

Please note these forms **MUST** be returned **BEFORE** your child starts attending next school year and are filled out new each school year! The health statement must be filled out and signed by a physician. Please do not wait too long to schedule an appointment with your doctor as it is very difficult to get in before starts!

<u>Annual Tuition</u>	<u>12 month Payments</u> (Paid Monthly starts in July))	<u>9 Month Payments</u> (Paid Monthly starts in Sept.)	<u>Supply Fee</u>	<u>Registration Fee</u>
<u>Pre-K Two Mornings</u> \$1274.53	\$106.21	\$141.61	\$40	\$100
<u>Pre-K Two Fulls Days</u> \$2548.94	\$212.41	\$283.22	\$65	\$100
<u>Pre-K Three Mornings</u> \$2045.65	\$170.47	\$227.29	\$50	\$100
<u>Pre-K Three Full Days</u> \$3823.47	\$318.62	\$424.83	\$90	\$100
<u>Pre-K Four Mornings</u> \$2548.94	\$212.42	\$283.22	\$65	\$100
<u>Pre-K Four Full Days</u> \$5098.00	\$424.83	\$566.44	\$115	\$100
<u>Kindergarten - 2nd Grades</u> \$4123.35	\$343.61	\$458.15	\$150	\$100

Circle what option you are choosing 9 or 12 month or full payments on page 2 of registration packet.

EMERGENCY FORM
Trinity Lutheran School
52 El Rio Drive, P.O. Box 787, Alamosa, CO 81101 (719) 589-3271

Child's name _____

Address _____

Mother _____ Phone _____ Father _____ Phone _____

Day care provider _____ Phone _____

List any additional persons who may be called in an emergency and who are authorized to transport your child from the school. Your child will not be allowed to leave with any other person without written and verbal authorization from parents or guardian. IDs will be required before we release a student to someone we do not know.

Name _____	Address _____	Phone _____	Relationship _____
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Name _____	Address _____	Phone _____	Relationship _____
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Physician to be called in an emergency:

Name _____ Address: _____ Phone: _____

Dentist to be called in an emergency:

Name _____ Address: _____ Phone: _____

Hospital of choice:

Hospital _____ Address _____ Phone _____

If physician cannot be reached, what action should be taken?

____ Call hospital emergency ____ Other (explain) _____

CONSENT FOR MEDICAL TREATMENT

In an emergency, my child's teacher or the school designated emergency person has my consent to call an ambulance at my/our expense. ____ Yes ____ No

In an emergency, my child may receive first aid. ____ Yes ____ No

In an emergency, the teacher in charge has my permission to call Dr. _____ and, if necessary, give consent to any doctor or hospital to administer emergency medical treatment and care for my child at my/our expense. ____ Yes ____ No

Parent signature _____ Date _____

IMPORTANT SCHOOL INFORMATION SCHOOL HISTORY

Trinity Lutheran School was established as a ministry of Trinity Lutheran Church in 1982. The school is a self-supporting, non-profit mission of the church. The church provides the space for the school and maintains the grounds and the building. All furnishings, equipment, and supplies of the church and school are shared openly for all church/school activities

PURPOSE

As a Christian school, Trinity's purpose is to help parents in our community to provide a Christ centered education for their children in spirit, mind, and body. Rooted in the Christian faith, Trinity Lutheran School provides education for children regardless of their race, gender, or religious background. The school is an autonomous member of the world-wide Lutheran Church Missouri Synod School System, one of the oldest and largest private school association in existence.

MISSION STATEMENT

The mission of Trinity Lutheran School is to provide students with a strong spiritual and academic foundation under the nurturing care of our Savior Jesus Christ so each individual may develop as a total child of God. We are here to promote learning in a Christian environment. We are dedicated to helping you, the parents, help your child grow and develop in spiritual awareness, social confidence, emotional maturity, physical growth and academic stimulation. Our program has been developed to serve the total child. It provides many pathways by which learning can occur; trial and error, exploration and discovery, imagination, play, imitation, self-expression and by asking questions. The children will participate in both structured and informal instruction. The program will promote skills through development of verbal and listening skills, large and small motor skills, social skills, reading, computation, and spiritual awareness.

SPECIAL NEEDS

While we seek to serve a wide variety of students with a wide range of abilities, Trinity Lutheran School does not have the resources, expertise, space and staff to serve students with special needs such as, but not limited to; hearing, speech, motor, social, behavioral or learning disabilities. If such special needs come to the attention of the staff of Trinity Lutheran School, it would be the general recommendation of the school to have the student tested and placed appropriately within the public school system in our community.

STUDENT BEHAVIORAL EXPECTATIONS

The most important responsibility of the staff is to provide children with the skills that will enable them to become independent learners in an environment where dignity and self-esteem are nurtured and formed. To that end, we will expect behavior that is both orderly and respectful. In every case of student misbehavior, a solution to the child's problem will be sought at the lowest possible level – that of the classroom teacher and the student. However, in the event a student's behavior results in an on-going disruption of the classroom, undermines the authority of any staff person or endangers the person or property of himself or others, there will be an official notification to the parents. If after three notifications and a parent/teacher conference, the problem behavior persists, the child will no longer be able to attend Trinity Lutheran School.

FINANCIAL SUPPORT

It is imperative that all parents make their tuition and childcare payments on time, which is the first of every month. Our staff depends on your tuition payments to provide them with the paycheck which they have earned. To that end, a late fee of \$15.00 will be added to the account of those whose payment is made after the 15th of each month.

The above is a brief overview of the policies of Trinity Lutheran School. A parent handbook detailing all policies of the school will be handed out at the beginning of the school year.

I acknowledge the information contained above and understand that it is my responsibility to fully review the parent handbook which I will receive at the beginning of the school year.

Parent signature _____ Date _____

GENERAL ENROLLMENT INFORMATION**TRINITY LUTHERAN SCHOOL****52 El Rio Drive, P.O. Box 787****Alamosa, CO 81101 719-937-2150**

The purpose of this form is to enable us to know your child and his/her needs, so that we may do the best job possible. All information is kept confidential.

Name of child _____ Nickname _____

Today's date _____ Date of birth _____

Please list all children in the family in order of age, including the child you are enrolling:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Are there any special family situations that we should be aware of?

Is your child adopted? _____ Yes _____ No

Parent's marital status (circle one) married legally separated divorced widowed single

Foods your child CAN NOT eat: _____

Can your child drink milk? _____ Yes _____ No Real fruit juice? _____ Yes _____ No

Does your child have any speech problems? _____

Do strangers understand your child's language easily? _____

Does your child have hearing problems? _____

Does your child wear corrective shoes? _____

Does your child wear corrective lenses? _____

Any disabilities or activity restrictions? _____

Does your child require special attention or routines that may have to be taken into consideration in planning t school day?

Has your child ever been hospitalized? _____ Yes _____ No If yes, when? _____

Why? _____

Does your child have fears? _____ dogs _____ the dark _____ other _____

Does your child have nightmares or bad dreams? _____ Yes _____ No

Are all members of the family English speaking? _____ Yes _____ No **Over**

If not, what language(s) is/are spoken? _____

Cue words used at toilet time _____

People and animals your child will talk about frequently (expecting teachers to know all about):

What are your child's favorite indoor activities? _____

What are your child's favorite outdoor activities? _____

What special interests does your child have? _____

Child's social behavior: (circle) shy friendly cautious outgoing loner

Emotional behavior: (circle all that apply) calm excitable easily angered happy cheerful
stubborn whiny quiet cooperative independent active fights often tearful
gives in easily wants own way temper tantrums cries easily

People staying at your home (uncle, aunt, friend, grandparent): _____

Does your child have an awareness of God? _____ Yes _____ No

Has your child been baptized? _____ Yes _____ No

Name and location of church:

What do you hope your child will gain from experiences here? _____

Family church affiliation _____ Does child attend? _____

List special needs of your child (including allergies) _____

Parent signature _____ Date _____

AUTHORIZATION FORM

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant my permission for my child to be included in evaluations in the school program.

I hereby grant my permission for the teacher or the school's designated emergency person to take whatever steps necessary to obtain medical care for my child.

These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. If we cannot contact you or your child's physician, we will do one of the following:
 1. Attempt to contact you through any of the persons listed on your emergency form.
 2. Call another physician
 3. Call an ambulance
 4. Have the child taken to the emergency room at the local hospital in the company of a staff member.

Any expenses incurred under #3 above will be the responsibility of the child's family. However, each child is covered under an accident insurance policy.

The school will not be responsible for anything that may happen as a result of false information given on school forms.

The school will not assume responsibility for a child who has not been signed in properly upon arrival at the school.

Mother's or guardian's signature

Date

Father's or guardian's signature

Date

FIELD TRIP AUTHORIZATION

During the school year, your elementary age child may take part in field trips and educational excursions either by private car or on foot. Your child will be chaperoned by responsible adults from the school staff and parent volunteers. Notice of field trips by car will be sent to you using a Field Trip Form and all field trips will be posted at the school.

When field trips are taken by car, the children will be transported in authorized vehicles driven by staff members or parent volunteers who have met all the necessary requirements. We will require and provide responsible drivers who have proof of insurance for their vehicle and those riding in it and good driving records. All seat belt laws will be followed.

Should any accident or illness occur while my child is away from the school on a field trip, I will not hold responsible the staff members or parent volunteers or church membership of Trinity Evangelical Lutheran Church and School.

Signature of parent or legal guardian

Date

Most field trips will be a short walk in the neighborhood to observe the change of the seasons and review safety rules or to see College/University exhibits open to school children.

Field trips have become limited and we are encouraging in-school field trip experiences by inviting community workers or specialists to come to our school with their tools (***if guidelines/restrictions allow**). Please contact the teacher or list below if you wish to visit the school with your work or hobby tools.

Please list special talents or learning experiences you would like to share with your child's class. Include times and dates you could come into the classroom or if you would like a class to visit your workplace.

PARENT AGREEMENT

I understand that Trinity Lutheran School is owned and operated by Trinity Evangelical Lutheran Church and is under the direction of the Trinity Lutheran School Board.

I understand that Trinity Lutheran School is a non-profit church school.

I understand that as a parent/guardian of a child attending Trinity Lutheran School I may attend School Board meetings that are not posted as executive meetings.

I agree to enroll my child _____ at Trinity Lutheran School.

I have received and read a copy of the school parent handbook and agree to adhere to said policies and procedures.

____ Yes ____ No

I understand that fees and tuition payments are due in advance and I further understand that my child can be refused admittance if all payments are not made on schedule.

THE REGISTRATION FEE MUST BE PAID AT THE TIME OF REGISTRATION TO ENSURE ENROLLMENT.

THE BOOK/SUPPLY FEE MUST BE PAID AT THE TIME OF REGISTRATION AND IS REFUNDABLE ONLY UNTIL JULY 1st.

EACH MONTH'S TUITION IS DUE ON THE FIRST DAY OF EACH MONTH AND MUST BE PAID ON OR BEFORE THE 15TH DAY OF EACH MONTH. Additional late fees and return check charges of \$15.00 may be requested.

I understand a two week notice is required before withdrawing my child from the school. If notice is not given two weeks in advance, tuition may be required for two additional weeks.

I understand the monthly tuition guarantees my child a place in the school and refunds are not made for absences or holidays.

I understand that this agreement can be cancelled at any time by the Trinity Lutheran School Board.

Signature of parent/guardian

Date

TV AND VIDEO VIEWING

We are not equipped to provide TV viewing.

1. Videos will be rated G (for general audiences) only.
2. Videos will be of religious or informational nature and will be carefully chosen and/or approved by the teacher in charge.
3. A staff member will always be present during viewing.
4. A video brought by a child to school from home will only be shown at the teacher's discretion.

My child _____ has my permission to view a video which is described in the above policy.

Signature of parent/guardian

Date

TOPICAL PREPARATIONS (PREVENTIVE) PERMISSION FORM

I give my permission for the staff at Trinity Lutheran School to assist with applying or to apply sunscreen to my child's exposed skin including the face, tops of ears, bare shoulders, arms, legs and feet 30 minutes before outdoor activities. It is my responsibility to provide sunscreen with a minimum SPF of 15. I understand I must provide the sunscreen in its original container labeled with my child's name and within the noted expiration date. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent(s)/guardian(s). ***If a student is not to use sunscreen for any reason, the parent is required to supply protective clothing, hats, etc. to protect exposed skin.**

____ In the event that my child does not have sunscreen with them, the school may apply Equate (Walmart brand) SPF50 Kids to my child. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it.

____ My child may NOT use any sunscreen other than the one that he/she brings.

Child's name

Parent/guardian

Date

PUBLICITY PERMISSION

Trinity Lutheran School has my permission to use a photo of my child _____ for publicity purposes, such as in the Valley Courier, inserts in the Sunday church bulletin, or church newsletter.

____ Yes ____ No

Trinity Lutheran School has my permission to use a photo of my child _____ on the school Facebook page.

____ Yes ____ No

Parent/guardian signature

Date

REST TIME POLICY

I understand that my **preschool** child _____ will be having a rest time on a mat/cot at Trinity Lutheran School if they are under the age of 5 and/or attend for more than six hours in any given day. He/she will be supervised during the entirety of rest time. Cots/mats will be provided by the school. Parents will provide a crib sheet, pillow, blanket, etc. and be responsible for laundering the above.

Parent/guardian signature

Date

HOSPITAL OF CHOICE

I understand that in the case of an emergency, my child will be taken to San Luis Valley Regional Medical Center in Alamosa (the nearest hospital) unless another hospital is indicated below.

Name and location of preferred hospital:

Parent/guardian signature

Date

PARENTAL RESPONSIBILITIES

ALL FORMS/INFORMATION ON CHILD IS TO BE TURNED IN BEFORE THE FIRST DAY OF CLASSES.

1. Provide necessary information on registration forms.
2. Insure that the child's immunizations are kept up to date, and provide the immunization information and physician's signature as required by state regulations.

TUITION

1. Pay tuition either in full at the beginning of the year, or in equal monthly payments due the first of each month.
2. Payments made after the 15th of the month will be assessed a \$15.00 late fee.

COMPLY WITH SCHOOL RULES AS DETAILED IN THE PARENT HANDBOOK

1. Deliver and pick up your child within the times specified.
2. Always leave the child with an adult.
3. Keep child home when displaying signs of illness.
4. Arrange to get child promptly if he/she become ill during school.
5. Notify the school if the child has a communicable disease.
6. Notify the school promptly of any planned changes in attendance.
7. Insure the child has regular school attendance and does not miss an excessive number of school days.
8. Attend conferences as scheduled to discuss child's progress.

TAKE QUESTIONS OR PROBLEMS FIRST TO THE TEACHER CONCERNED. IF NOT RESOLVED, CONTACT THE DIRECTOR, OR FINALLY THE SCHOOL BOARD.

I have read the above responsibilities and agree to comply.

Parent/guardian signature

Date

Trinity Lutheran School

Anti-Bullying Policy and Parent/Student Agreement

But the fruit of the Spirit is love, joy, peace, kindness, goodness, faithfulness, gentleness, and self-control. (Galatians 5:22-23)

Parents and students please discuss this policy together, sign the agreement, and return to your teacher.

Philosophy Statement: Trinity Lutheran School Board and Staff provide a safe and protective setting where students are encouraged to learn, meet their academic goals, and grow in their faith. As such, bullying interferes with both a student's ability to learn and a school's ability to teach because of its disruptive nature. Positive Christian behavior including loving others, respecting others, setting an example, and discouraging bullying is expected of all staff, students, parents, and volunteers.

Definition: Bullying can be defined as the use of force, threat or coercion to abuse, intimidate, or aggressively impose domination over others. This type of behavior is characterized as repeated or habitual and would not be applied to one or two isolated incidents of conflict. Bullying can be physical, verbal, or emotional.

Consequences: Any student who chooses to participate in bullying will be subject to the following consequences, after appropriate classroom disciplinary steps have been taken and the student and parents have been notified that the bullying behavior is unacceptable.

1. The first incident verified involving bullying will result in the student talking to the classroom teacher and school director and a notification to the parents.
2. The second verifiable incident will result in a meeting with the student's parents to develop an action plan.
3. The third incident may result in school suspension and depending on the severity possible expulsion.

However, each incident will be examined on a case-by-case basis and could vary based on several factors including age, nature of the problem, past history, etc. The discipline plan will include an action plan to correct the behavior, to prevent it from happening again, and to protect the bullying victim from harm.

Student's responsibility:

I prayerfully promise that I will do my best to keep our school a safe and caring place. This means I will:

1. Treat everyone with kindness and respect.
2. Resolve disagreements with other students in a Christ-like manner.
3. Never tease, hurt, make fun of, or bully another student.
4. Refuse to join in if I see someone else being mistreated.
5. Immediately ask for help from an adult at school if I am bullied or see someone else being bullied.

Student's signature if possible _____

Parent/guardian's responsibility:

I have reviewed the anti-bullying policy with my child and I prayerfully commit to encouraging my child to always treat others with respect and keep our school a safe and caring place. I will help my child to learn to treat others with the love of Christ.

Parent's signature _____

Date _____

Matthew 7:12

So in everything, do to others what you would have them to do to you...



Today's Date: _____

MUST BE FILLED OUT BY PHYSICIAN!

Child's Name: _____ DOB: _____

Male or Female (Circle) Child's Present Age at the time of Service: _____ Years, _____ Months

Clinic Name: _____ Clinic's Phone Number: _____

Test	Date of Service	Results	Test	Date of Service	Results
Height			Hearing		
Weight			Blood Pressure		
BMI			TB Questionnaire / Test		
Vision			Lead Risk Questionnaire		

Physical Exam	Normal	Abnormal	Not Evaluated	Comments	Immunizations
Posture / Gait					Y / N
Skin					Up to Date for age on all immunizations
Head					
Eyes: External Aspects					
Optic Funduscopic					
Cover Test					
Ears: Externals & Canals					
Tympanic Membranes					
Teeth					
Heart					
Lungs					
Abdomen (Include Hernia)					
Genitalia					
Bones, Joints, Muscles					
Neurological / Social: Gross Motor					
Fine Motor					
Communication skills					
Cognitive					
Self Help Skills					
Glands (Lymphatic / Thyroid)					
Muscular					
Nutritional Screening					
Developmental Screening					
Mental Health Screening					

General Statement on Child's Physical Status: _____

Physician Name: _____

Print

Signature

License #

If you can not get an appointment by August 1st, proof of an appointment scheduled is required by the school before school starts!