

TRINITY EARLY CHILDHOOD ACADEMY
REGISTRATION FORM



Child's Name _____ Male Female DOB _____
Last First

Parent or Guardian's Name _____

Address _____

City _____ Zip _____ E-Mail _____

E-Mail _____ Phone _____ Cell _____

Register my child for:

Infants

_____ 6 weeks to 10 months _____ 10 months to 16 months _____ 10 months to 2 years

Toddlers

_____ 2 years to 2 1/2 years _____ 2 1/2 years to 3 years

Preschool

_____ 3 years to 4 years _____ 4 years to 5 years (11 months) **(non Hudson District Resident)**

Select Days that Care is Needed

Monday Tuesday Wednesday Thursday Friday

Arrival Time: _____ Departure Time _____ **Start Date:** _____

Preschool HSD4K (student must be 4 by September 1st)

_____ Owls HSD4K Only (tuition waived)

_____ Register my child for Wrap Around Care (6:30-9:00 a.m. / 11:30-6:00 p.m.) \$157.00 per week

Select Days that Care is Needed

Monday Tuesday Wednesday Thursday Friday

Arrival Time: _____ Departure Time _____ **Start Date:** _____

Members of Trinity Lutheran Church? YES / NO We currently **Do / Do Not** have a church home.

Our family pastor is _____ at _____ church.

How did you hear about Trinity Academy?

*****Registration Fee**

Return one form per child with the following registration fee: \$120.00/child or \$140.00/family

Office Use Only:	Date Received: _____	Time: _____
	Registration Fee: \$ _____	via: _____
	Check# _____	Cash _____
		Vanco-Online _____



PRESCHOOL CLASS WITH HSD4K

CONSENT AND TRANSPORTATION/CARE FORM

If you are a Hudson School District resident or have open enrolled to HSD4K and have a child enrolled in the Owl Class with HSD4K at Trinity Early Childhood Academy, please read and sign the following form. This form must be completed and on file with the school office prior to the first day of attendance.

CONSENT AND ACKNOWLEDGEMENT:

Please check all that apply:

- I certify that I am a **Hudson School District resident**. With the HSD boundary approval, I am responsible for the weekly tuition payment of \$157.00 (Sept-May). If my address is not approved from the HSD, I understand I am responsible for the weekly tuition of \$210.00 (Sept-May).
- I request that my child be excused from the HSD4K every other Wednesday (August-May) to participate in Trinity Academy's Chapel service from 9:30-9:45 a.m., as per **Hudson School District policy #322**. Parents are welcome to attend.
- I welcome faith based and/or church literature and publications to periodically be sent home with our child or via email.
- I am a **non-Hudson School District resident** and have started the open enrollment process or have been approved for **HSD4K**. I understand that if my open enrollment is **not approved** or my status with the district changes, I will relinquish my child's reserved spot or I will be responsible for the weekly tuition of \$210.00 (Sept—May).
- I request that my son or daughter **only** attend HSD4K with **no faith based activities or instruction**. By doing so, I understand and acknowledge that although there will be no intentional faith based activities or instruction during this time, as the Owl class is housed in a Christian environment.

TRANSPORTATION AND WRAP AROUND CARE:

Please check an option below that best describes your transportation or childcare plans for your child. We understand that your schedules may vary or change prior to the start of school. You will be asked to provide a schedule to your preschool teacher (and Wrap Care Director) if your schedule will vary from day to day or week to week. Thank you.

- My child will ride the bus to and from Trinity Early Childhood Academy. It is my responsibility to determine eligibility of my child's bus transportation with the HSD. All bus routes and times are determined by Safeway Bus Transportation and the HSD. Therefore, start /end times for HSD4K are subject to change.
- My child will be using Trinity Academy's Wrap Around Care program: *(student must be preregistered)*
 _____ before HSD4K (between the hours of 6:30 a.m.–class start time)
 _____ after HSD4K (between the hours of 11:40–6:00 p.m.)
 _____ before and after HSD4K (between the hours of 6:30–6:00 p.m.)
- My child will be dropped off and picked up by a parent or caregiver. Parents will be asked to supply contact information/ transportation schedule for any adults, other than parents, to the preschool teacher, wrap-care, and office staff.

I am signing this form as consent to the items marked above, acknowledgment of Trinity Early Childhood Academy faith-based environment. I have checked the option above that best describes the plans for transportation and care of my child while at Trinity Early Childhood Academy Preschool.

Student Name: _____ Date: _____

Parent Signature: _____ Date: _____