

PRESCHOOL REGISTRATION

Child's Name _____ Male Female DOB _____
Last First

Parent or Guardian's Name _____

Address _____ Phone _____

City _____ Zip _____ E-Mail _____

Has your child attended preschool before? ____Y____N Trinity Preschool ? ____Y____N Class Name _____

Three Year Old Classes – Must be 3 by September 1st

\$80.00 Registration

_____ Red Class M., W., F. 8:45-11:30 a.m. \$198.00/month
_____ Yellow Class Tu., Th. 8:45-11:30 a.m. \$158.00/month

Three/Four Year Old Class – Must be 4 by January 1st

\$80.00 Registration

_____ Blue Class T., W., Th. 12:30-3:15 p.m. \$198.00/month

Four Year Old Classes (Hudson residents) – Must be 4 by September 1st Class times are subject to change due to busing

* A.M. Late Pickup @11:30 a.m. & Early P.M. Drop-off @12:35 p.m. includes faith based activities for HSD4K classes

Little Warriors HSD4K Class 1st Choice 2nd Choice 3rd Choice

_____ HSD Resident M. – F. HSD4K 8:35–11:15 a.m. Fee Waived

\$80.00 Registration

_____ HSD Resident M. – F. Ext. Day 11:30-3:30 p.m. \$390.00/month
_____ HSD Resident M.– F. Ext. Day w/unlimited Wrap 11:30-3:30 p.m. \$615.00/month

*Unlimited Wrap Care for Little Warriors excludes care for any Trinity holiday breaks or spring break

Purple HSD4K Class 1st Choice 2nd Choice 3rd Choice

_____ HSD Resident M. – F. HSD4K 8:35–11:15 a.m. Fee Waived

Orange HSD4K Class 1st Choice 2nd Choice 3rd Choice

_____ HSD Resident M. – F. HSD4K 12:50-3:30 p.m. Fee Waived

Four Year Old Classes (non Hudson resident) - Must be 4 by September 1st

\$80.00 Registration

_____ Purple M. – F. 8:35–11:30 p.m. \$325.00/month
_____ Orange M. – F. 12:35–3:30 p.m. \$325.00/month
_____ Little Warriors M. – F. 8:35-3:30 p.m. \$560.00/month
_____ LW w/unlimited Wrap care M. – F. 8:35-3:30 p.m. \$790.00/month

*Unlimited Wrap Care for Little Warriors excludes care for any Trinity holiday breaks or spring break

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? _____ **Referred by a Trinity school family?** _____

Do you plan to use Trinity Wrap Around care? YES / NO *If yes, Wrap Around Care Registration Form must be completed with \$40.00 fee.*

A **\$20.00 supply fee** will be collected upon Enrollment Day in August for all classes. In addition to the supply fee, **Little Warriors** will be charged a **\$15.00 rest mat fee**. If any fees are a hardship for your family, please contact our school office staff.

Trinity Academy admits students of any race, color, or national or ethnic origin to all the rights privileges, programs and activities generally accorded or made available to students at the academy. It does not discriminate on the basis of race, color, or national or ethnic origin.

Trinity Academy preschool classes are accredited by the Wisconsin Religious and Independent Schools Accreditation

School Office Use Only: Date Received: _____ Time: _____

Registration Fee: \$ _____ via: Check# _____ Cash Vanco-Online _____ Coupon/New Families



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 Purple, Little Warriors, or Orange Class with HSD4K at Trinity Academy Preschool, 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**.
- I request that my child be allowed to participate in Trinity Academy's Faith Formation classes (including music & chapel for up to 70 minutes per week). This would excuse them from the **HSD4K Purple, Orange, or Little Warrior Classes** as per **Hudson School District policy #322**. **Times will be identified on the monthly class calendar**. Parents are welcome to attend chapel services.
- 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 monthly tuition of \$325.00/\$560.00
- 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, the Purple, Orange & Little Warrior Classes with HSD4K are 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. 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 11:30–6:00 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 Academy Preschool's faith-based environment. I have checked the option above that best describes the plans for transportation and care of my child while at Trinity Academy Preschool.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____