

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. 8:45-11:35 a.m. \$212.00/month
_____ Yellow Class Tu., Th. 8:45-11:35 a.m. \$170.00/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. \$212.00/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 @11:35 a.m. & Early P.M. Drop-off @12:55 p.m. includes faith based activities for HSD4K classes

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

_____ HSD Resident M. - F. HSD4K 8:40-11:35 a.m. Fee Waived

\$80.00 Registration

_____ HSD Resident M. - F. Ext. Day 11:35-3:30 p.m. \$414.00/month
_____ HSD Resident M. - F. Ext. Day w/unlimited Wrap 11:35-3:30 p.m. \$652.00/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 8:40-11:35 a.m. Fee Waived

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

_____ HSD Resident M. - F. HSD4K 12:40-3:35 p.m. Fee Waived

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

\$80.00 Registration

_____ Purple M. - F. 8:40-11:35 p.m. \$348.50/month
_____ Orange M. - F. 12:40-3:35 p.m. \$348.50/month
_____ Little Warriors M. - F. 8:40-3:35 p.m. \$614.00/month
_____ LW w/unlimited Wrap care M. - F. 8:40-3:35 p.m. \$852.00/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? YES / NO

If Yes, Family Name _____

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 \$20.00 rest mat fee. If any fees are a hardship for your family, please contact our school of-fice 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 am authorizing my child in 4K to participate in Trinity Academy's Faith Formation classes (including music, chapel & classroom lessons) for up to 70 minutes per week. Per the **Hudson School District policy #322**, these times will be identified on the monthly calendars for Little Warriors, Purple & Orange classes. HSD4K time is 2 hours /40 minutes each day.
- 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 \$348.50/\$614.00
- 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 11:30–5:30 p.m.)
_____ before and after HSD4K (between the hours of 6:30–5:30 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: _____

TRINITY PRESCHOOL TUITION POLICY

School Year: 2022–23

REGISTRATION FEE

\$80.00 per child. This is a *non-refundable fee and is due at the time you enroll your child. This fee will secure your child's placement in preschool. A **\$20.00 supply fee** is due upon enrollment day in August. **Extended Day Little Warriors will be charged a \$15.00 rest mat fee** on enrollment day, as well.

*If you are enrolled in HSD4K, the registration fee is waived. **If the additional fees are a hardship please contact the school office.

TUITION

Tuition payments for all preschool programs are due on the 1st of each month. The first and last months tuition is due on the first day of attendance.

- Payments may be made:
 - By mail or dropped in the tuition box located by the front desk.
 - By automatic payment. Go to <http://trinityacademyofhudson.org/make-a-payment/>, click on "**Click here to make a payment**" to set up a one-time or recurring payments.
- Payments that are more than 2 weeks late may result in the child's dismissal, unless a special payment plan has been agreed upon.
- There are no refunds for absences.
- There will be \$35 service fee for any returned checks.

TERMINATION OF ENROLLMENT

Trinity Preschool must be notified in writing one month in advance to withdraw from the program. When giving notice, the parent will be responsible for paying the next full month's tuition. Tuition for the current month and registration fee will not be refunded.

LATE PICKUP FEE

If a parent is late picking up their child from preschool, he or she may be taken to Wrap Care and appropriate fees will be charged.

PRESCHOOL TUITION: *Please check the appropriate box.*

Half Day Pre-K I

- 2- ½ day sessions per week \$170.00/ month
- 3- ½ day sessions per week \$212.00/month
- 5- ½ day sessions per week \$348.50/month (Fee waived for HSD4K)

All Day Little Warriors

- 5- ½ day p.m. ext. day \$414.00/month (extended HSD4K)
- 5- ½ day p.m. ext. day w/Wrap \$652.00/month (extended HSD4K w/unlimited Wrap Care)
- 5- full days per week \$614.00/month (non-HSD4K)
- 5-full days per week w/Wrap \$852.00/month (non-HSD4K w/unlimited Wrap Care)

I the parent of _____ agree to the above Tuition Policy's terms and conditions.
(Please print first and last name of child)

Print Parent Name

Parent Signature

EMERGENCY STUDENT INFORMATION
PRESCHOOL and WRAP AROUND CARE

Trinity Academy
Enrolled in:
Preschool _____
Wrap Around Care _____

Student Name _____ Preferred Name _____ Class _____

DOB _____ Male / Female Address _____

Mothers Name _____ Address _____ Email _____

Home # _____ Cell # _____ Contact you 1st? ____Y____N

Place of Employment _____ Work # _____

Fathers Name _____ Address _____ Email _____

Home # _____ Cell # _____ Contact you 1st? ____Y____N

Place of Employment _____ Work # _____

Guardian(s) Name _____ Address _____ Email _____

Home # _____ Cell # _____ Contact you 1st? ____Y____N

Place of Employment _____ Work # _____

If unable to reach parent/guardian in an emergency the following people may be contacted **AND** are authorized to pick up this child due to sickness, injury, inclement weather, early dismissal or a school emergency:

Name _____ Relationship _____ Phone#: _____ Phone#2: _____

Name _____ Relationship _____ Phone#: _____ Phone#2: _____

Name _____ Relationship _____ Phone# _____ Phone#2: _____

IN THE CASE OF AN EMERGENCY OR EARLY DISMISSAL, MY CHILD WILL:

- _____ Parent will pick up or a person listed above
- _____ Go to Wrap-Around Care (Student must be preregistered)

List any person(s) who should **NOT** pick up your child: _____

(If applicable, please provide the school office with copies of any legal/custody documents and/or photos pertaining to the above to be filed confidentially in the office.)

After preschool my student will:

- _____ Picked up by a parent
- _____ Picked up by someone other than a parent (listed above) Name: _____
- _____ Go to **Wrap-Around Care** (student must be preregistered)
- _____ My student will have a varied schedule that I will provide to teachers and wrap-care. Please indicate below.
 - _____ Weekly
 - _____ Monthly

Comments: _____

Continue to back side...

Student Name: _____

HEALTH INFORMATION

Diagnosed Allergies _____

Emergency Action Required: Y N (examples: nut, bee stings, asthma)

Allergy Emergency Action Plan filled out by Doctor needs to be on file in the school office along with emergency medications.

Medical Concerns _____ Action Plan Y N

**If checked (Yes), a current Action Plan is attached for school records Y N*

Daily Medications _____

During the school day, Authorization to Administer Medication Form needs to be filled out and on file in the office.

Doctor / Office: _____ Phone # _____

Dentist / Office: _____ Phone # _____

Health Insurance Co.: _____ Phone # _____

For a major emergency 911 will be called.

For a minor injury requiring medical attention, the parent, guardian or emergency person will be called. Any expenses incurred by the above will be the responsibility of the child's family.

I GIVE MY CONSENT TO:

Please check one:

	Yes	No
Emergency medical treatment if I cannot be reached immediately:		
To give Tylenol or Ibuprofen for headaches or minor aches/pain: <i>**Not applicable if your child attends Wrap-Around Care; a separate authorization form must be signed</i>		
To apply anti-biotic ointment minor cuts/scrapes: <i>**Not applicable if your child attends Wrap-Around Care; a separate authorization form must be signed</i>		
To attend in-house fieldtrips: <i>(Examples: to the church sanctuary, gym or outdoor classroom)</i>		
Use my child's photograph in publications and on the school website:		
To publish the following in the School Directory:		
Home Phone:		
Cell Phone:		
Address:		
Email Address:		

Signature of Parent/Guardian _____ Date _____

TRINITY ACADEMY: PRESCHOOL
WRAP AROUND CHILDCARE REGISTRATION
TRINITY ACADEMY, 1205 6TH STREET, HUDSON, WI 54016, 715.386.9349

Child's Full Name _____ Child's DOB _____
Last First Middle

Parent or Guardian's Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ Zip _____ E-Mail _____

WRAP CARE FEES

Registration fees: \$40 or \$60/family. Non-refundable fee must accompany this form at the time of registration.

Wrap Care: \$18.00 for ½ day (up to 5 hours)
\$36.00 for Full day (5 - 10 hours)

Drop in: \$21.00 for ½ day (up to 5 hours)
\$39.00 for Full day (5 - 10 hours)

Wrap Around hours are from 6:30am – 5:30 pm. Fees will be billed on a weekly basis.

REGISTRATION INFORMATION

My child will be attending the following class:

_____ Red (3's)
_____ Purple w/HSD4K(4's)

_____ Yellow (3's)
_____ Orange w/HSD4K(4's)

_____ Blue (3/4's)
_____ Little Warriors
w/HSD4K(4's)

Wrap Around needs: (Please circle)

Monday Tuesday Wednesday Thursday Friday

Start Date: _____

Approximate hours needed for care: _____

Arrival time: _____ **Departure time:** _____

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 Wrap-Around Care program is licensed with the Wisconsin Department of Health and Family Services.

CHILD HEALTH REPORT

Use of form: Completion of this form meets the requirements of DCF 202.08(4), DCF 250.07(6)(L)3., and DCF 251.07(6)(k)3. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Except for a school-aged child, each child 2 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant or HealthCheck provider to be completed, signed and dated. The licensee shall obtain a copy for the child's record. **Note:** Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian were to include a copy of the child's immunization record when submitting this form to the child care center.

PARENT OR GUARDIAN – Complete this section.

Name – Child (Last, First, MI)

Birthdate – Child (mm/dd/yyyy)

Address – Child (Street, City, State, Zip Code)

Name – Parent or Guardian (Last, First, MI)

Address – Parent or Guardian (Street, City, State, Zip Code)

HEALTH PROFESSIONAL – Complete this section.

Instructions for feeding and care of child with special problems, including allergies – Specify (attach information as necessary).

Yes No Does the child have a milk allergy? If "Yes", identify the recommended milk substitute.

Date of most recent blood lead test: _____ (mm/dd/yyyy). Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA or HealthCheck Provider (type or print)

Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA or HealthCheck Provider

Date of Examination

CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

Yes year _____ (Vaccine is not required)

No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³ 2 Varicella

¹If the child began the Hib series at 12-14 months of age, only two doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose four days or less before the first birthday is also acceptable).

²If the child began the PCV series at 12-23 months of age, only two doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

³MMR vaccine must have been received on or after the first birthday (Note: a dose four days or less before the first birthday is also acceptable).

⁴Children entering kindergarten must have received one dose after the fourth birthday (either the third, fourth or fifth) to be compliant (Note: a dose 4 days or less before the fourth birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR

IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of \$25.00 per day of violation.

For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

Physician's Signature Required

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

SIGNATURE

STEP 5 To the best of my knowledge, this form is complete and accurate.

SIGNATURE - Parent, Guardian or Legal Custodian

Date Signed