

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. \$280.00/month
_____ Yellow Class Tu., Th. 8:45-11:35 a.m. \$188.00/month

_____ Yellow Class Ext. Day Tu., Th. Ext. Day 11:35-3:35 p.m. \$172.00/month

Yellow Ext Day students must be registered in the AM Yellow Class

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 @12:40 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. \$430.50/month
_____ HSD Resident M.- F. Ext. Day w/unlimited Wrap 11:35-3:30 p.m. \$678.00/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. \$362.50/month
_____ Orange M. - F. 12:40-3:35 p.m. \$362.50/month
_____ Little Warriors M. - F. 8:40-3:35 p.m. \$622.00/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 _____

**If you plan to use Wrap Around Care, a separate Wrap Care Registration packet must be completed with \$40.00 registration fee.*

A **\$35.00 supply fee** will be collected upon Enrollment Day in August for all classes. In addition to the supply fee, **Yellow Class Extended Day & Little Warriors** will be charged a **\$20.00 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 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: 2023–24

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 **\$35.00 supply fee** is due upon enrollment day in August. **Extended Day Yellow Class & Little Warriors will be charged a \$20.00 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

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> 2- ½ day sessions per week | \$188.00/ month |
| <input type="checkbox"/> 2 ½ day Ext. Day sessions | \$172.00 /month |
| <input type="checkbox"/> 3- ½ day sessions per week | \$280.00/month |
| <input type="checkbox"/> 5- ½ day sessions per week | \$362.50/month (Fee waived for HSD4K) |

All Day Little Warriors

- | | |
|--|---|
| <input type="checkbox"/> 5- ½ day p.m. ext. day | \$430.50/month (extended HSD4K) |
| <input type="checkbox"/> 5- ½ day p.m. ext. day w/Wrap | \$678.00/month (extended HSD4K w/unlimited Wrap Care) |
| <input type="checkbox"/> 5- full days per week | \$622.00/month (non-HSD4K) |
| <input type="checkbox"/> 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: _____

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

Check any that apply:

- Has special physical considerations
- Referred for/currently operating under _____ IEP _____ Birth to 3
- Has been referred, diagnosed or treated for _____ ADD _____ ADHD

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 _____

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

Step 1 PERSONAL DATA

PLEASE PRINT

Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian		Address (Street, City, State, Zip)		Telephone Number	

Step 2 IMMUNIZATION HISTORY

List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, Tdap, or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE MM/DD/YYYY	SECOND DOSE MM/DD/YYYY	THIRD DOSE MM/DD/YYYY	FOURTH DOSE MM/DD/YYYY	FIFTH DOSE MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine <i>Vaccine is required only if your child has not had chickenpox disease. See below:</i>					
Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input type="checkbox"/> YES _____ Year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)	Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If YES, provide laboratory report(s)				

Step 3 REQUIREMENTS

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

Step 4 COMPLIANCE DATA

STUDENT MEETS ALL REQUIREMENTS
 Sign at Step 5 and return this form to school.
 _____ Or _____

STUDENT DOES NOT MEET ALL REQUIREMENTS
 Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has **NOT** received **ALL** the required doses of vaccine, the **FIRST DOSE(S)** has/have been received. I understand that the **SECOND DOSE(S)** must be received by the 90th school day after admission to school this year, and that the **THIRD DOSE(S)** and **FOURTH DOSE(S)** if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations _____

SIGNATURE - Physician Date Signed

For religious reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Tdap, Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Tdap Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

Step 5 SIGNATURE

This form is complete and accurate to the best of my knowledge. Check one: (I do I do not) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed