



ENROLLMENT APPLICATION

Returning Students: Accounts must be current before enrollment is processed.

Note: All Enrollments are subject to approval by the Principal

Date of Application <i>(For Office Use Only)</i>

Child's Name:	Date of Birth:
Ethnicity (check one): <input type="checkbox"/> White, <input type="checkbox"/> Black, <input type="checkbox"/> Asian, <input type="checkbox"/> Native American, <input type="checkbox"/> Hispanic, <input type="checkbox"/> Other	Age (on September 1):
Child resides with (check one): <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	Check if applicable: <input type="checkbox"/> Court Order/Custody Agreement (provide copy)
Date of Baptism:	Provide month and year if exact date unknown
Church Baptized at:	City & State:

Mother/Guardian Name:
E-mail address:
Employer:
Church of Membership: If not a member of Trinity, are you interested in more information? <input type="checkbox"/> Yes <input type="checkbox"/> No

Father/Guardian Name:
E-mail address:
Employer:
Church of Membership: If not a member of Trinity, are you interested in more information? <input type="checkbox"/> Yes <input type="checkbox"/> No

Sibling names/ages:

Give the names and contact information for at least two others who pray for this student:

1) Name:	Address: (#, Street, City, State, Zip)	Phone:

2) Name:	Address: (#, Street, City, State, Zip)	Phone:

Terms of Agreement

- 1. Photo Release:** The School may record pictures and voices or photographs, films and tapes, and edit these recordings into movie or sound films or tapes, broadcasts (radio, television, world wide web), or otherwise, and use and license such recordings, movie and sound films and tapes or broadcast programs in any manner of media whatsoever, including unrestricted use for purposes of publicity, advertising, and sales promotion. **We may use your child's name, likeness, or voice in connection therewith unless the parent or guardian has completed the Photo Authorization – No Consent Form found on the Forms page on the school website or available in the school office.**
- 2. Policies and Procedures:** The execution of this Enrollment Application indicates full and complete acceptance of the school's philosophy and objectives and the contents of the Handbook, as amended from time to time. The Handbook may be found online at school.trinitylcs.org. Enrollment of any student may be terminated for any reason, including the conduct of the student or the student's parents or guardians, whenever, at the sole discretion of the Standing Committee for School Affairs upon the recommendation of the Principal, it is determined that dismissal is in the best interest of the student and/or the School.

By signing this application I acknowledge I have read or will read the Handbook and understand all matters set forth in the Handbook and agree to abide and adhere to the School policies during my child's enrollment. I further understand and agree that any provision of the Handbook may be amended, revised, or eliminated at any time by the church and school and it is my responsibility to check the website for updates.

- 3. Tuition Billing, Payment and Late Fee Schedule:** With the exception of a holiday schedule, tuition will be posted and **statements will be issued on the 3rd Tuesday of each month. All statements will be e-mailed to the address(es) we have on file.** I understand it is my responsibility to maintain a current, active e-mail address. **Please update your address book to allow e-mail from Trinity Lutheran School Office, Trinity-billing@qwestoffice.net** This will allow these e-mails and not send them to your "spam" or "junk" folders.

If you would prefer to receive your statement by paper instead of an e-mail statement you must complete a Tuition Billing Authorization form found on the forms page at the school's website or available in the school office. Paper statements are delivered to the classrooms and dispersed by the teacher to your student. Your child should bring the statement home within two days of the billing date. I understand it is my responsibility to make sure to get it from my student. If I do not receive a statement, I should contact the school office to request one.

Accounts may only have one delivery method either e-mail or paper delivery.

Payment is expected on or before the 1st day of the month, even if I have not received a billing statement. **Any tuition payment received after the 1st business day is subject to a \$25 late fee.** In the event a payment is returned a charge of \$25 will be added to your account.

For Returning Students Only: You will only need to submit a NEW Emergency Information Card ***if*** you have any changes to addresses, phone numbers, authorized pick-up contacts, etc.

- Check here to indicate you do ***not*** have any changes to make to the Emergency Card.

This **Enrollment Application** and **Terms of Agreement** have been completed and accepted by:

Parent/Guardian PRINTED Name:	SIGNED Name:	Date:
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This agreement will remain in effect as long as the student is continuously enrolled at Trinity.



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? No Yes Name of Insurance Company:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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