



Trinity Episcopal Preschool  
 533 Second Street  
 Natchitoches, LA 71457  
 Telephone: (318) 352-3113

Date Received: \_\_\_\_\_

Please circle one: Part Time or Full Time

### **REGISTRATION FORM**

The undersigned parent(s), custodian(s), and/or legal guardian(s) hereby register their child, \_\_\_\_\_, for the school year of \_\_\_\_\_ in Trinity Episcopal Preschool (TEP) for the (check one) 3 yr\_\_\_\_, 4 yr\_\_\_\_, or TK\_\_\_\_ class.

If accepted, I/We agree to pay tuition for the school year. Tuition is payable in advance by total sum or monthly. Annual tuition for the full day program is \$4500.00 or \$450.00/month. Annual tuition for the half day program is \$2000.00 or \$200.00/month. There is also a non-refundable fee of \$200.00 due when your child has been accepted into the program. In case of illness lasting more than six weeks duration or removal from the city, a tuition adjustment will be made. If a child is withdrawn for any other reason, a one-month notice or tuition will be required.

Trinity Episcopal Preschool reserves the right to request a child's withdrawal if he/she requires special attention not provided in the program, or demands excessive supervision that the class is unfavorably affected.

Child's Name: \_\_\_\_\_ M / F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Lives With: \_\_\_\_\_ Left / Right Handed

Family Information	Mother/ _____	Father/ _____
<b>Name</b>		
<b>Address</b>		
<b>Employer</b>		
<b>Home Phone</b>		
<b>Work Phone</b>		
<b>Cell Phone</b>		
<b>Email Address</b>		

Submit **this page only** to register your child. If your child is accepted into the program, TEP will contact you and ask for the \$200 supply fee to hold the spot. The rest of the registration packet will be required at that time. We keep this registration form only for the year requested. If you child does not get in and you would like to put them on the waiting list for the next year, please let us know!

**Individuals to Contact in Case of Emergency**

**Phone**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child can be released to the following individuals.**

**Relationship**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical condition or disability that would require special attention or help. No / Yes

If Yes, please specify. \_\_\_\_\_

Children attending TEP should be daytime potty-trained. At what age was your child completely daytime potty-trained? \_\_\_\_\_

I am enrolling my child for: \_\_\_\_\_ Half Day Program.

\_\_\_\_\_ Full Day Program.

I authorize this facility to:

- 1. care for my child during the time he/she is in TEP;
- 2. secure emergency medical care for my child in the event parents or others listed for emergency contact cannot be reached. I understand every effort will be made to contact parents/custodians/guardians or others listed.

\_\_\_\_\_  
Signature of Parent/Custodian/Legal Guardian

\_\_\_\_\_  
Date



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**Natchitoches, LA 71457**  
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***CONSENT FOR EMERGENCY MEDICAL TREATMENT***

I/We, the undersigned parent(s), custodian(s), and/or legal guardian(s) of

\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

do hereby expressly give permission to the staff of Trinity Episcopal Preschool to request emergency medical treatment to the above named child(ren) for the period of

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Starting Date Ending Date

During this time period, I do hereby expressly grant permission to the above named minor(s) listed above to consent to any and all emergency or necessary medical treatment which may be unexpectedly required; this consent for medical treatment is to be valid according to the laws of the state of Louisiana. I/We also ask to be immediately notified or that repeated attempts be made to notify me/us at the telephone numbers listed below should any medical treatment be required.

\_\_\_\_\_  
Signature of Parent/Custodian/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Custodian/Legal Guardian

\_\_\_\_\_  
Date



What are your child's responsibilities at home? \_\_\_\_\_  
\_\_\_\_\_

What activities does your family enjoy doing together? \_\_\_\_\_  
\_\_\_\_\_

Please list any nervous habits your child may have? \_\_\_\_\_  
\_\_\_\_\_

How does your child feel about going to school? \_\_\_\_\_

How do you think your child will adjust to school? \_\_\_\_\_  
\_\_\_\_\_

What do you hope your child will learn this year? \_\_\_\_\_  
\_\_\_\_\_

Please add any additional information or comments you feel will help us in planning and caring for your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **LOUISIANA IMMUNIZATION REQUIREMENTS FOR STUDENTS IN ACCORDANCE TO R.S. 17:170**

### **STUDENT IMMUNIZATIONS – SCOPE OF REQUIREMENTS**

#### **Middle School Requirement:**

Beginning with the 2009-2010 school year and continuing thereafter, a student shall provide satisfactory evidence of current immunizations against meningococcal disease, and any other age appropriate vaccines, as a condition of entry into the sixth grade. Further, any student who has attained the age of eleven years or who is entering grade other than grade six shall provide satisfactory evidence of current immunizations against meningococcal disease and any other age appropriate vaccines as a condition of entry into that grade.

At the time of registration, students must show proof of immunization of the following vaccines: Tetanus Diphtheria Acellular Pertussis vaccine (Tdap); two (2) doses of Varicella vaccine; two (2) Measles, Mumps, Rubella (MMR) vaccines; three (3) Hepatitis B (HBV) vaccines; and one (1) Meningococcal Vaccine (MCV4).

#### **Kindergarten / First Time Enterers:**

Beginning in school year 2009-2010, two (2) doses of Varicella vaccine shall be required in Louisiana schools for entry into kindergarten or first time enterers into school. In addition, prior to school entry, these students must have documented proof of immunizations for: two (2) doses of Measles, Mumps, Rubella (MMR) vaccine; three (3) doses of Hepatitis B (HBV) vaccine, and booster doses of Diphtheria Tetanus Acellular Pertussis (DTaP) and Poliovirus (Polio) vaccines administered on or after their 4<sup>th</sup> birthday *and* prior to school entry. If a student is not complete (up-to-date for age), he/she must present a record indicating the student is in progress of receiving vaccines, and follow-up must be provided for compliance with the above requirements.

#### **Pre-Kindergarten / Daycare / HeadStart:**

Beginning school year 2009-2010, two (2) doses of Varicella vaccine will be required in Louisiana schools for entry into Pre-K, Kindergarten, Daycare, and HeadStart programs for children aged 4 years and older. If a second dose of Varicella vaccine has been received at least 30 days after the first dose, no additional doses are required. This is in addition to the regular age appropriate vaccines required depending on the child's age. Prior to entry, these students must have documented proof of immunizations for: two (2) doses of Measles-Mumps-Rubella vaccine; three (3) doses of Hepatitis B vaccine; and booster doses of DTaP and Polio vaccines administered on or after their 4<sup>th</sup> birthday and prior to school entry.

All children aged less than 4 years of age enrolled in Pre-K, Daycare, HeadStart, etc should be vaccinated against and must show proof of immunizations for: Diphtheria Tetanus Acellular Pertussis vaccine (DTaP); Inactivated Poliovirus vaccine (IPV); Haemophilus Influenza Type B vaccine (Hib); Hepatitis B vaccine (HBV); Pneumococcal Conjugate Vaccine (PCV7 – for children less than 24 months of age); and one (1) dose of Varicella vaccine. If the child is not complete or up-to-date for age, he/she must present a record indicating that the child is in progress of receiving vaccines, and follow-up must be provided for compliance with the above requirements

**SCHEDULE D**

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)**

I (we) hereby authorize TEP, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Checking Account     Savings Account

DEPOSITORY NAME \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NO \_\_\_\_\_

AMOUNT OF DEBIT(S) \_\_\_\_\_

DATE(S) AND/OR FREQUENCY OF DEBIT(S) \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CONSUMER NAME (S) \_\_\_\_\_

(PLEASE PRINT)

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_

SIGNED \_\_\_\_\_



## Insect Repellant Permission Form

I give TEP personal permission to apply \_\_\_\_\_  
(Name of Insect Repellant)

to \_\_\_\_\_ (Name of Child)

All insect repellant will be provided by the parent/guardian in the original container, with valid expiration date, where applicable. Labeled clearly with child's name and given directly to a TEP staff member.

Special

Instruciotns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



Field Trip Permission Form

Event: Natchitoches Parish Library  
Location: 450 Second St. Natchitoches, LA. 71457  
Date and Time of Event: Weekly Story Hour @ 9:30  
Type of Vehicle to be Used: N/A (Walk)  
(ex. center, parent's, contract)

Child's Name: \_\_\_\_\_

I give my permission for my child to be transported to and from the above activity and to participate in the activities associated with this event.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Photo Release Form

Please be advised that your child may be photographed at various school events. If you would like your child's photo to appear on our class page, please sign and return this form.

Please sign and return

\_\_\_\_ **Yes**, I give my permission for my child's photograph to be posted on our class page.

\_\_\_\_ **No**, my child's photograph may not be posted to the page.

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Student' First and Last Name)

I have read and agree to the rules and regulations as outlined in the Trinity Episcopal Preschool Parent Handbook.

X

\_\_\_\_\_  
Parent Signature and Date Signed

I have read and agree to the discipline and guidance boundaries set forth by the State of Louisiana and the sick policy as stated in the manual.

X

\_\_\_\_\_  
Parent Signature and Date Signed



# VISION SCREENING CONSENT/Result FORM



On \_\_\_\_\_, the local Lions Clubs in your community will offer a free vision screening to your child. Utilizing instant photographs and/or an auto-refraction of your child's eyes, the screening may determine the presence of eye disorders including far and nearsightedness, astigmatism, strabismus (crossed or misaligned eyes), anisometropia (unequal refractive power), and media opacities (i.e. cataracts). No physical contact is made with your child and eye drops are not necessary. For more information on the Cubsight Program, please call Toll Free 1-866-282-7483 or visit: [www.cubsight.org](http://www.cubsight.org)

I, the undersigned, hereby give permission for my child, \_\_\_\_\_, to participate in the screening event. I understand the following regarding this program:

1. The information obtained from this vision screening is preliminary only, and does not constitute a complete exam or diagnosis of vision problems.
2. There is no charge to participate in the vision screening process.
3. I will be contacted either by telephone or in writing with the results of the screening through the Louisiana Lions Cubsight Program.
4. I understand that I am responsible for arranging for a complete eye exam if my child has been referred as a result of the screening test.
5. If referred, I authorize the examiner to release the results of my child's exam to the Cubsight Program and/or my child's school/day care facility.
6. I will not hold the Lions Club organizations, the Louisiana Cubsight Program, or the Louisiana Lions Eye Foundation accountable for any errors of commission, omission or other misdiagnosis.

X

Signature of Parent or Guardian \_\_\_\_\_

DATE \_\_\_\_\_

Please Print or Type

Child's Name: \_\_\_\_\_  
First Middle Last

Child's Date of Birth: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Address: \_\_\_\_\_

City and zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

The Results of Your Child's Exam: \_\_\_\_\_

\_\_\_\_ PASS The screening test. Your child's vision is within normal limits. This is a complete pediatric eye examination.

\_\_\_\_ BORDERLINE Your child's vision is borderline. Your child may need glasses. Please schedule an appointment for a complete eye examination.

\_\_\_\_ UNREADABLE SCREENING Your child's vision was unreadable. Please schedule an appointment for a complete eye examination. (Lions will rescreen)

\_\_\_\_ REFER Schedule an appointment for a complete eye examination. The examiner suggests they may have the following condition(s) that may cause poor vision. Please take your child to an Ophthalmologist or Optometrist in your area (see attached list for a complete exam):

- Astigmatism
- High Farsightedness
- High Myopia (nearsighted)
- Anisometropia (difference in need for glasses between two eyes)
- Other

**VOLUNTEER:**  
ATTACH CHILD'S WELCH ALLYN  
PRINTOUT(S) HERE

WRITE CHILD'S INITIALS BY "NAME"  
AND DATE OF BIRTH BY "DATE"  
ON THE PRINTOUT

Wearing Glasses? \_\_\_\_\_ Yes \_\_\_\_\_ No

Take out  
Do Not  
Need

Allergies \_\_\_\_\_

# TEP Chef of the Day

Chef's Name: \_\_\_\_\_

My child dislikes: \_\_\_\_\_

My child's favorite breakfast foods are: \_\_\_\_\_

\_\_\_\_\_

My child's favorite casseroles are: \_\_\_\_\_

\_\_\_\_\_

My child's favorite desserts are: \_\_\_\_\_

\_\_\_\_\_

My child's favorite fruits are: \_\_\_\_\_

\_\_\_\_\_

My child's favorite meats are: \_\_\_\_\_

\_\_\_\_\_

My child's favorite beans are: \_\_\_\_\_

My child's favorite vegetables are: \_\_\_\_\_

\_\_\_\_\_

My child's favorite soups are: \_\_\_\_\_

My child's favorite sandwich is: \_\_\_\_\_

My child's favorite meal is: \_\_\_\_\_

\_\_\_\_\_

My child likes: (circle all that apply) Italian Mexican Oriental Seafood