



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 If a child is withdrawn for any other reason, a one-month notice or tuition will be required.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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***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?**

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**What activities does your family enjoy doing together?**

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**Please list any nervous habits your child may have?**

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**How does your child feel about going to school?**

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**How do you think your child will adjust to school?**

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**What do you hope your child will learn this year?**

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

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**SCHEDULE D**

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

\*PLEASE NOTE THIS FORM MUST BE ACCOMPANIED BY A CANCELED CHECK OR DEPOSIT SLIP TO VERIFY ROUTING AND ACCOUNT NUMBERS FOR THE ACH DEBITS. THANK YOU.\*

I (we) hereby authorize TEP (TRINITY EPISCOPAL PRESCHOOL), 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 OF BANK) \_\_\_\_\_

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

ACCOUNT NUMBER \_\_\_\_\_

AMOUNT OF DEBIT: \_\_\_\_\_

ONCE A MONTH \_\_\_\_\_ TWICE A MONTH (SPLIT) \_\_\_\_\_

(FOR ONCE A MONTH DEBIT): FIRST OF MONTH \_\_\_\_\_ MIDMONTH \_\_\_\_\_

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.

NAME(S) ON DEPOSITORY ACCOUNT \_\_\_\_\_  
(Please Print)

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_

SIGNED \_\_\_\_\_

CHILD'S FULL NAME: \_\_\_\_\_

HALF DAY OR FULL DAY \_\_\_\_\_ AGE/CLASS ASSIGNED \_\_\_\_\_

SCHEDULE D MUST BE SUBMITTED TO OFFICE MANAGER TO COMPLETE REGISTRATION.

Date Begin \_\_\_\_\_ TEP Form 7 (8/20)

**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



## 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)

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

**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