



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__ or 4 yr__ 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 \$4750.00 or \$475.00/month. Annual tuition for the half day program is \$2250.00 or \$225.00/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 If a child is withdrawn for any other reason, a one-month notice or tuition will be required.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/_____
Name		
Address		
Employer		
Home Phone		
Work Phone		
Cell Phone		
Email Address		

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 your 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? (completely potty trained which means no pull-ups)

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



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

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

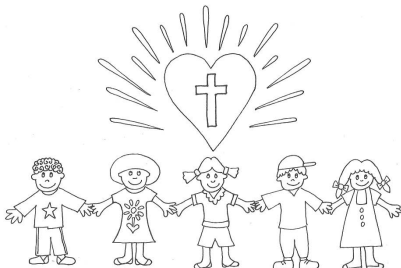
During this time period, I do hereby expressly grant permission to the above named minor(s) listed above to consent to any and all emergency or necessary medical treatment which may be unexpectedly required; this consent for medical treatment is to be valid according to the laws of the state of Louisiana. 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



Learning and Growing in the Love of Christ

Trinity Episcopal Preschool

**533 Second Street
Natchitoches, LA 71457
Telephone: (318) 352-3113**

PARENT-CHILD QUESTIONNAIRE

Please help us get to know your child by completing and returning this questionnaire. All of this information will be kept in your child's portfolio and used only for planning purposes. Thank you for your assistance.

Child's Name: _____
First
Middle
Last

Nickname: _____

Date of Birth: ___ / ___ / ___ Place of Birth: _____

Child lives with: _____ both parents _____ one parent _____ other adults

(please specify) _____

Names and ages of any brothers _____

Names and ages of any sisters _____

Pets (Name and 1), pe of animal _____

Describe your child's strong dislikes or fears _____

What are your child's favorite play activities and interests? _____

Does your child usually play (check all that apply): _____ alone? ___ with one friend?

_____ with many children? ___ with a few children ? _____ with older children?

_____ with younger children? ___ with children of the same age?

What type of childcare did your child receive before enrolling in this program?

_____ none (home with parent) ___ daycare ___ babysitter/nanny at home

_____ relative's home _____ in a babysitter's home _____ other _____

please specify

Does your child have a regular bedtime? _____ yes _____ no

Does your child nap during the day? ___ yes _____ no _____ sometimes

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?

SCHEDULED

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 ___

SCHEDULED MUST BE SUBMITTED TO OFFICE MANAGER TO COMPLETE REGISTRATION.

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).

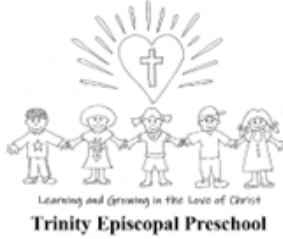
Kindergarten / First Time Enterers:

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 4th 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 4th 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 Repellent Permission Form

I give TEP personal permission to apply (Name of Insect Repellent) _____

to (Name of Child) _____

All insect repellent 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 Instructions:

Parent Signature: _____

Date: _____

52105.A

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