

Holy Trinity Lutheran Church and School
1 N. Marigold Drive Covington LA 70433
985-892-6146 Fax 985-892-3012

2018-2019 School Year

<input type="checkbox"/> Five full-day program (M – F, 8:00 a.m. – 3:00 p.m.)
<input type="checkbox"/> Three full-day program (MWF, 8:00 a.m. – 3:00 p.m.)
<input type="checkbox"/> Two full-day program (if available)

<input type="checkbox"/> Toddler Class
<input type="checkbox"/> 2-Year-Old Class
<input type="checkbox"/> 3-Year-Old Class
<input type="checkbox"/> 4-Year-Old Class

Enrollment Information

Child's Name _____ Goes by: _____

Date of Birth _____ Baptism Date and church _____

Sex _____ Race _____

Siblings' names and ages: _____

Church Family Attends _____

Does your child have food allergies? Yes No

Does your child have any other allergies? Yes No

 If so, please list them. _____

Does your child have any dietary restrictions? Yes No

Does your child have any special needs or health concerns? Yes No

 If so, please list them. _____

Please list the names of schools previously attended beginning with the most recent:

Name	Years Attended
_____	_____
_____	_____
_____	_____

Any known behavioral or learning problems? _____

 Diagnosis _____

Please include a copy of any educational evaluation with this application.

Does the student have any fears or anxieties of which the staff should be aware? _____

How did you hear about Holy Trinity Lutheran Preschool? _____

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Child's Information/Emergency Form

Child's Name _____ Birth date _____

	Father	Mother
Name		
Address		
Employer		
Home Phone #		
Work Phone #		
Cell Phone #		
E-mail Address		

Student lives with: _____ Both Parents _____ Father _____ Mother _____ Other

If parents are separated or divorced, who has legal custody of the child? _____
(Please include a copy of legal custody judgment.)

EMERGENCY CONTACTS/PICK-UP AUTHORIZATION

Other than the above mentioned my child has permission to be released to the following individuals:

Emergency Contact: _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Emergency Contact: _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Emergency Contact: _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Please notify these individuals that they may be asked to show proof of identity.

EMERGENCY AUTHORIZATION

I hereby give authorization for Holy Trinity Lutheran Church and School:

- **To care for my child during the time he/she is in school.**
- **To administer and/or obtain emergency medical treatment for my child in the event that I cannot be reached.**

Father's signature _____ **Date** _____

Mother's signature _____ **Date** _____

Holy Trinity Lutheran Church and School Admissions Requirements For the 2018-19 School Year

The following are required of all children registering to attend Holy Trinity Lutheran School:

- A copy of certified birth certificate
- An up-to-date immunization record
- Must be age appropriate for class
 - *To enter the 4-year-old class, a child must be 4 by September 30, 2018.*
 - *To enter the 3-year-old class, a child must be 3 by September 30, 2018 **and be potty trained.***
 - *To enter the 2-year-old class, a child must be 2 by September 30, 2018.*
 - *To enter the 18 month-old class, a child must be 18 months by August 1, 2018.*
 - *All admissions decisions made by the Director and School Board are final.*
- Completion of registration application and forms, including registration fee of \$250 per family.
- Student interview with the director

Students transferring from other schools must be in good behavioral and financial standing with their previous school. All applications for admissions are subject to review by the Holy Trinity Lutheran School Board. School Board decisions are final and binding.

Holy Trinity Lutheran School serves the whole community and admits students of any race, color, creed, sex, national origin, handicapping condition or ancestry to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, creed, sex, national origin, handicapping condition or ancestry in the administration of its educational policies, admission policies, scholarship and tuition assistance programs, athletic programs, or other school-administered programs.