

Trinity Lutheran School
TLC Program
Registration Form
 Limited Space Available

Trinity Lutheran School offers a before/after school(TLC) program. TLC aims to provide a safe place for children during parents' work hours. This is a low-cost program for the benefit of our families. Tutoring is not available, but time to complete homework is provided.

DATES: August 21, 2024-May 22, 2025. **TLC is not open on days school is closed.**

HOURS: 6:30am-8:40am and 3:55 pm-5:30 pm

COST: \$4.00 per hour or \$2.00 per half hour, no quarter-hour rate.

LATE PICK-UP FEE: \$5.00 for every 10 minutes past 5:30.

BILLING: Your invoice is available under your EDUCATE account. You can pay in the office with a check/cash or online through your Educate account. Accounts with a balance over \$20 will result in a suspension from TLC. **It is your responsibility to maintain your account, invoices will not be generated.**

SNACKS: TLC will not be providing snacks. If your child needs a snack, please provide a non-perishable **healthy** snack to keep in their backpack, including spoons. TLC does not have resources for refrigeration or warming—examples of suggested snacks; are granola bars, fruit snacks, applesauce, fruit, and crackers. The TLC staff will be providing a time for those who have snacks. **Candy and sugar sweets are not allowed.**

ELECTRONICS AND CELL PHONES: These items are strictly prohibited.

❖ Name of Children _____

Days and Hours Needed

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Arrival Time					
After School Pick-up Time					

I have read the information, including payment, snack, and cell phone requirements, and will follow the policies.

❖ Parent\Guardian Signature _____

Trinity Lutheran School



EMERGENCY CONTACT FORM

TRINITY LUTHERAN
Warriors

• Child 1 Information:

Child's Name: _____
Birthday: _____
Male/Female: _____
Gradeschool Year: _____
Child's Address: _____

Child's Name: _____
Birthday: _____
Male/Female: _____
Gradeschool Year: _____
Child's Address: _____

• Guardian 1 Information:

Name: _____
Relation to Child/ren: _____
Address: _____
Home/Cell Phone: _____
Work Phone: _____
Email: _____

• Guardian 2 Information:

Name: _____
Relation to Child/ren: _____
Address: _____
Home/Cell Phone: _____
Work Phone: _____
Email: _____

• Persons Authorized to pick Child/Children up:

Name: _____
Relation to Child/ren: _____
Address: _____
Home/Cell Phone: _____

Name: _____
Relation to Child/ren: _____
Address: _____
Home/Cell Phone: _____

• Child/Children Medical Information:

Physician Name: _____
Physician Phone: _____
Name of Clinic: _____
Emergency Contact: _____
Contact Phone: _____

Medical Concerns/Allergies:

