

# Trinity Lutheran School



- **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:**

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**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 benefits of our families. Tutoring is not available, but time to complete homework is provided.

**DATES:** August 20, 2025 - May 21 2026 **TLC is not open on days school is closed.**

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

**COST:** \$4.00 per hour or \$2.00 per hour 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 cash/check 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.

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❖ 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 \_\_\_\_\_.