

January 12, 2024

Dear Parents,

Information and applications are all posted online at www.trinluthschool.org starting January 18th. **Our application process will begin on Monday, January 29th.**

Our application process has several important steps:

- **Application:** Complete and print the enrollment application and **bring it to the school on January 29th**, along with a **photocopy of your child's birth certificate and the nonrefundable registration deposit of \$150.** The balance of the registration fee will be due in August. **If either of these items is not turned in with the application, your child will not be placed in a class until we receive them.** Please fill out the application in its entirety! If your child has an established IEP or is in an early intervention program, you will need to submit the paperwork with their application.
- **New Parent Interview:** Within approximately two weeks of submitting your paperwork (counting from the 29th), we will contact you via email regarding the status of your application. Trinity will then give you the opportunity to sign up for a parent interview.
- **Enrollment Notification:** Based on this application process, you will then receive a letter via email notifying you of your child's enrollment status.
- **Readiness Round-up:** This evening will take place in April. It will be a time for teachers to observe your child in a social/school setting. Trinity reserves the right to rescind the offer to join our early childhood program if, after following several steps (i.e. observation shows concerns, parent(s) meeting with the Early Childhood Director and more assessments), it is determined that Trinity may not be the best fit for your child.

I always encourage parents to turn in their applications as close to the start of enrollment (Monday, January 29th) as possible, as our classes fill quickly. We follow an order of preference when filling out the different program options. It is as follows: those with children already enrolled at Trinity Lutheran School and siblings of the children presently registered, members of Trinity Lutheran Church, members of another LCMS church, families with no current church membership, and members of another congregation.

A reminder that children need the following health forms, based on their program, by the first day of attendance.

- **Kindergartners:** Health form, an Eye Exam form, and Dental Form.
- **4-year-olds (PreK) new to our program:** Health form.
- **3-year-olds (Preschool):** Health form.

If your child is unimmunized or under-immunized please contact the school office (829-7513) for information as to how to proceed in accordance with the Illinois School Code.

Descriptions of program offerings for the 2024-25 school year can be found on our website at <https://www.trinluthschool.org/early-childhood-program-offerings>

If you have questions about our application process, I would be happy to speak with you via phone: 309-834-3229 (office hours are 12:45 to 3:30 p.m. Monday through Friday) or through email: laurabusse@trinluth.org.

Laura M Busse

Laura M Busse, Early Childhood Director



developing well-rounded, lifetime Christian disciples

Trinity Lutheran School • Bloomington, IL • 309.829.7513 • www.trinluthschool.org

Kindergarten Enrollment Application 2024-25

Please complete all information on this application

OFFICE USE Date: ____/____/____ Amount Paid: ____ Check # ____ Cash Online
____ Birth certificate

STUDENT INFORMATION:

Student's Last Name Student's First Name Middle Initial Name to use on classroom labels

Gender: Birthday: ____/____/____ Child's age September 1: ____

Race: ____American Indian ____Asian ____African American ____Hispanic ____Caucasian ____Other

Home mailing address

City State Zip Home Phone #

Parent email address

Church Affiliation Is the child Baptized: Baptism Date: ____/____/____

Class applying for:

____ Half-day Kindergarten - M - F - 8:15 a.m. to Noon
____ Full-day Kindergarten - M - F - 8:15 a.m. to 3:15 p.m.

Media Consent: By enrolling at Trinity Lutheran School, you give consent for the use of photos and videos of your son or daughter.
Please read and respond to the following if necessary:

As a parent/guardian, I understand that any photo/video would be used solely to illustrate educational activities or to publicize school programs. If a student's name is used, only the first name will be used. No student names will be paired with student photos without direct consent from guardians.

____ If you have a specific reason to remove this permission, please check here and while we cannot guarantee that photos won't be used, we will do our best to avoid the use of your child in school-sponsored photo/video.

ADDITIONAL STUDENT INFORMATION:**RESIDENCE:** Student lives with (at primary residence)

☐ Father ☐ Mother ☐ Grandfather ☐ Grandmother
☐ Step-Father ☐ Step-Mother ☐ Foster Parent ☐ Guardian
☐ Other: _____

PUBLIC SCHOOL ATTENDANCE AREA:

Please list the respective public school the above student would attend based on the primary residence:

Public School Attendance Area: _____ Elementary School

FOOD ALLERGIES: List all food allergies. If none, please indicate "None"

MEDICINE ALLERGIES: List all allergies to medicine. If none, please indicate "None"

OTHER ALLERGIES (environmental such as bee stings, pollen, etc.)

OTHER HEALTH CONCERNS: Please check any of the following health conditions or concerns:

☐ Asthma ☐ Frequent ear infections ☐ Frequent headaches
☐ Epilepsy ☐ Nose bleeds

Other: _____

SPECIAL EDUCATION SERVICES

Check if student has experienced or been enrolled in any of the following:

☐ IEP or 504 Plan. Explain: _____
☐ Speech or Language services
☐ ADD (Attention Deficit Disorder)
☐ ADHD (Attention Deficit Hyperactivity Disorder)
☐ Behavior or emotional concerns
☐ Any other learning or behavior concerns _____

MISCELLANEOUS INFORMATION

What other settings has your child been in before now?

☐ Daycare - Where _____
☐ Preschool - Where _____
☐ Other - _____

Has your child ever experienced difficulties in another school setting or other social environment?

PARENT INFORMATION:

FATHER

MOTHER

Home Phone

Cell Phone

Home Phone

Cell Phone

Email

Email

Employer/Occupation

Employer/Occupation

Business Phone

Business Phone

Church Membership

Church Membership

_____ *Same Address as student*

_____ *Same Address as student*

If address different from student:

If address is different from student:

Address

Address

City

State

Zip

City

State

Zip

Parents are: _____Married _____Single _____Separated _____Divorced

=====

_____ Check here if you wish to apply for tuition assistance.

Please note that financial assistance applies to TUITION ONLY. Parents are responsible for the entire registration fee. Tuition assistance is available to families with children in grades K-8 only.

Check all that apply:

_____ Trinity Lutheran Church member

_____ Children enrolled in TLS current year

_____ Member of another LC-MS church

_____ No current church membership

_____ Member of another congregation

Do you have younger children at home who will be eligible for one of our Early Childhood programs in the future? If you would like to be on our mailing list, please include the younger child(ren)'s name and birth date here:

Name

Birth Date

Name

Birth Date

Enrollment Agreement:

- I have prayerfully considered the enrollment of my child(ren) at Trinity Lutheran School.
- I accept all legal responsibility for the prompt and full payment of (a) the registration & technology fees, (b) tuition payment, and any willful and/or negligent damage to church or school property by my child(ren).
- By enrolling at Trinity Lutheran School I acknowledge support and agreement of the policies outlined in the school handbook.
- I understand that all enrollments are for one year only and are reviewed annually.
- I realize that the administration of Trinity Lutheran School makes the final decision concerning enrollment, and I will be notified of my child's acceptance by the administration.

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____