

Child's Home and Family Information con't

Mother's Name _____
Address _____ EMAIL ADDRESS: _____
City _____ State _____ Zip _____ Phone _____
Church Affiliation _____
Occupation _____
Place of Employment _____ Work Phone _____
Church membership: _____
Parent Marital Status: ___ Married ___ Separated ___ Divorced ___ Single
If separated or divorced, with which parent does child live? _____

Name of the public school in your district your child would attend if not enrolled at Trinity: _____

Check all that apply of the following:

- _____ Trinity Lutheran Church member
- _____ Children enrolled in TLS current year
- _____ Member of another LC-MS church
- _____ No current church membership
- _____ Member of another congregation

Enrollment Agreement: I have prayerfully considered the enrollment of my child(ren) at Trinity Lutheran School. I understand that all enrollments are for one year only and are reevaluated annually. I accept all legal responsibility for the prompt and full payment of (a) the registration fee, (b) tuition payment, and (c) any willful and/or negligent damage to church or school property by my child(ren). **I understand that my child(ren) will not be enrolled for the 2012-2013 school year if all my financial obligations for 2011-2012 school year are not met.**

I realize the final decision concerning enrollment is made by the administration of Trinity Lutheran School and that I will be notified of my child's acceptance by the administration.

Signature of Father: _____ Date _____

Signature of Mother: _____ Date _____

_____ Kindergarten only. 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.

Trinity Lutheran School admits children of any race, color, national and ethnic origin 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, national or ethnic origin in administration of its educational policies, admissions policies or in athletic or other school administered policies.

<u>For Office Use Only</u>
Date Received: _____
Amount Paid \$ _____
Cash _____
Check # _____
_____ BC
_____ Interview Form

EARLY CHILDHOOD PARENT INTERVIEW FORM

FORM COMPLETED BY: _____

RELATIONSHIP TO CHILD: _____

CHILD'S NAME: _____

NAME WE SHOULD USE ON TAGS AND LABELS IN CLASSROOM _____

CHILD'S BIRTHDATE: _____ BOY _____ GIRL _____

ADDRESS WHERE THE CHILD RESIDES:

Street _____

City _____ State _____ Zip _____

Elementary School child will attend _____

Public school district where child resides _____

Has the child been hospitalized or seriously ill at home?

Yes _____ No _____

If yes, explain _____

When was the last time this child saw a doctor? _____

Which doctor and for what reason _____

Has the child received necessary immunization shots? Yes _____ No _____

Is the child on any medication? Yes _____ No _____

If yes, explain _____

Is the child allergic to any foods or environmental items? This includes milk, bee stings, and other animals.

This child was potty trained at age _____

(If not potty trained leave blank.)

Can this child _____ jump _____ hop _____ skip rope _____ ride a tricycle

_____ walk up and down steps _____ ride a bicycle

Has this child ever had a hearing test? Yes _____ No _____

When _____ Who _____ Results _____

Has this child ever had an eye examination? Yes _____ No _____

When _____ Who _____ Results _____

This child has attended _____ daycare _____ Home childcare

_____ Preschool Where/What Program _____

_____ Pre-kindergarten Where/What Program _____

If your child was in a program other than Trinity, how did the teacher describe your child? _____

Are there any speech, learning or behavior concerns that have been identified or experienced by your child? (This would include any testing/screening that the child has completed.)

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

Does this child spend time with a babysitter? Yes _____ No _____
If yes, how much time? _____

Do you have a television? Yes _____ No _____

If yes, about how many hours is the television on each day? _____

What are this child's favorite television programs? _____

Do you have video games? Yes _____ No _____

If yes, how much time does your child spend using the game? _____

What does this child like to do best at home? _____

Does anyone read stories to this child? Yes _____ No _____

If yes, who? _____ How often? _____

Does your child have any personality traits that you struggle with or are frustrated by as a parent?

What kinds of fears seem to bother this child? _____

Do you notice, or has a doctor reported any of the following in this child?

<input type="checkbox"/> Asthma	<input type="checkbox"/> Thumb sucking	<input type="checkbox"/> Indigestion
<input type="checkbox"/> Nail biting	<input type="checkbox"/> Frequent constipation	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Frequent diarrhea	<input type="checkbox"/> Heart troubles	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Overtired	<input type="checkbox"/> Frequent fevers	<input type="checkbox"/> No appetite
<input type="checkbox"/> Sinus trouble	<input type="checkbox"/> Overweight	<input type="checkbox"/> Nose bleeds
<input type="checkbox"/> Underweight	<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Rashes
<input type="checkbox"/> Nightmares	<input type="checkbox"/> Frequent headaches	
<input type="checkbox"/> Frequent ear infections		

What language is spoken most often at home? _____

Child's Home and Family

Mother's name: _____ Age _____

Mother's address: _____

Mother's age when first child was born: _____

Father's name: _____ Age _____

Father's address: _____

Child's mother and father are:

Married
Separated
Divorced
Single
Other _____

If parents are separated or divorced, with which parent does this child reside? _____.

What was the child's weight at birth: _____ lbs. _____ oz.

Was there anything unusual about the pregnancy or delivery of child?

How would you describe the health of this child at birth? _____

Has there been a recent death in the family or of a close friend that would have an effect on this child?

Who lives in your house? Please list all those who live in your household and what their relationship is to your child. (Step-parent, brothers, sisters, grandparents, anyone who lives with your child.)

Name Relationship to Child Birthdate(if under 21)

Are there any family issues that will help us better understand your child?

Last grade parent completed Mother _____ Father _____

Mother is employed outside the home? Yes ____ No ____

If yes, list place of employment and work hours: _____

Father is employed outside of the home? Yes ____ No ____

If yes, list place of employment and work hours: _____

Is this child (or family) working with any social service agency?

What do you expect your child to gain from this program? _____

Are there any services or assistance you would like for you and/or your child? _____

THANK YOU FOR YOUR TIME AND PATIENCE IN FILLING OUT THIS QUESTIONNAIRE.