

2026-2027



TRINITY LUTHERAN PRESCHOOL REGISTRATION

PRESCHOOL FAMILIES

CHECKLIST

- JMC Registration (available in April):
 - **NEW Students:** ([CLICK HERE](#))
 - **Returning Students:** ([CLICK HERE](#))
 - Make sure School Year: 2026-2027 is selected before sign-in
 - Register for 2026-2027 > Start/Complete the Registration Process
 - Custom Fields
 - Sign Forms
- PAY Placeholder Fee ([CLICK HERE](#))
- APPLY for ILSTO 5 yr. old only DEADLINE MAY 1st
- APPLY for Child Care Assistance ([INFO HERE](#))

DOCUMENTS NEEDED

— before the first day of school —

- COMPLETE Registration Form ([CLICK HERE](#))
- **NEW Students:** copy of student's birth certificate
- Current immunization record signed by a doctor or nurse
- Current physical form sign by a doctor
- Iowa KidSight consent form ([CLICK HERE](#))
- Automatic withdrawal authorization form ([CLICK HERE](#))
- **4 year old students only:** Student Information Form ([CLICK HERE](#))
- Optional: Vision card ([CLICK HERE](#))
- Optional: Dental Screening Form ([CLICK HERE](#))

TLS TUITION PRESCHOOL

Book/supply fee: 3 yr old \$35, 4-5 yr old \$60

Yearly Tuition:

2-day program: \$1,440/year or \$160/month

4-day AM or PM: Free for 4 yr old, 5 yr old \$2,880/year or \$320/month

5-day PM: \$3,600/year or \$400/month



Septempber tuition is due by Back to School Night.
October through May tuition is due on the 15th of the month.



QUESTIONS ABOUT REGISTRATION: secretary@tlsboone.us or 515-432-6912



712 12th Street · Boone, IA 50036

Phone: (515) 432-6912

secretary@tlsboone.us

www.tlsboone.us

"Living in Christ, Serving with Purpose, Learning Together"

2026-2027 Trinity Lutheran Preschool Registration

Registration for our current Trinity School families and Trinity Church members is now open. The main enrollment for is attached to this letter. The rest are available online at www.tlsboone.us as well as in our school office. Classes fill up fast so we encourage our current families to register during this time. Open enrollment to the public will start on January 5th.

Priority for acceptance will be:

- 1) Siblings of current students
- 2) Trinity Church Members
- 3) Public

3 year old Preschool Information

- Children enrolling in 3-year-old preschool must be 3 by September 15, 2026
- Maximum class size for the 3-year-old class will be 16
- A \$35 non-refundable registration fee is due at the time of registration
- Two classes are available: M/TH or T/F AM
- AM Preschool Hours are: 8:00–11:00 AM
- Monthly tuition is \$160 per month./\$1,440 for the year.
- September tuition payment is due on the open house day.
- October 2026 through May 2027 tuition fees are due by the 15th of the month.
- Families may volunteer to bring a healthy snack, read, sing, build, create, or play in the classroom.
- Child Care Assistance and BOOST offer tuition assistance for all preschool programs of qualifying families.

4-year-old Preschool Information

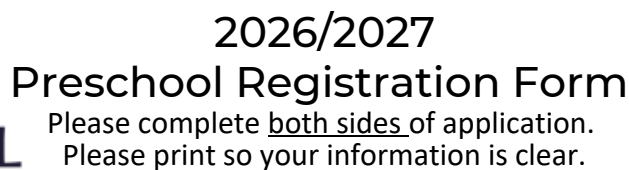
- Children enrolling in the 4-year-old preschool must be 4 by September 15, 2026
- Maximum class size for 4-year-old class will be 18
- A \$60 non-refundable place-holder fee is due at the time of registration
- 4-5-year-old AM Preschool Hours are: 8:00-11:00 AM Monday/Tuesday/Thursday/Friday.
- Enrichment Hours are available and run from 11:00—3:15 pm; monthly tuition is \$320/\$2,880 year
- 4-5-year-old PM Preschool Hours are 12:15-3:15 PM Monday/Tuesday/Thursday/Friday.
- Tuition for 4-year-old preschool hours (8-11/12:15-3:15) is covered by the SWVPP grant (Enrichment excluded).
- 5-year-old (TK) AM or PM tuition is \$320 per month or \$2,880 per year.

A reminder that Child Care Assistance and BOOST offer tuition assistance for all preschool programs of qualifying families. These will be included in your registration packet and may be found in the digital backpack.

We are very excited for our upcoming school year and look forward to our Trinity Lutheran School family growing in spirit as we Play, Pray, and Learn...as children of God.

Mrs. Kris Seeman

Preschool Director



Name _____

Relationship to student _____

Address _____

City _____ **St** _____ **Zip** _____

Home Phone _____

Cell Phone _____

Work Phone _____

Place of Business _____

Email _____

☐ **Primary Contact** ☐ **Secondary Contact**

Are you (your family) **active** members of a local church? Yes No

Church Membership

Name _____

Relationship to student _____

Address _____

City _____ **St** _____ **Zip** _____

Home Phone _____

Cell Phone _____

Work Phone _____

Place of Business _____

Email _____

☐ **Primary Contact** ☐ **Secondary Contact**

Are you (your family) **active** members of a local church? Yes No

Church Membership

Name _____

_____ Last _____ First _____ Middle _____

Birthday _____ ☐ Male ☐ Female Child Prefers to Be Called: _____

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American ☐ White

Is the student Hispanic or Latino? _____ (write yes or no; if yes, please also choose one of the above races as well)

Baptism Date & Church _____

Are there custody documents and/or restraining orders for this student? (If yes, please include a copy) ☐ Yes ☐ No

Class Preference (not guaranteed):

4-5 year olds: ☐ M/T/Th/F A.M. (8-11) ☐ Enrichment (11:00 – 3:15 pm) ☐ M/T/Th/F P.M.(12-3)

3 year olds: ☐ M/TH A.M.(8 – 11) ☐ T/F A.M.(8 – 11)

- Parent/Guardian Printed Name: _____
- Parent/Guardian Signature: _____ Date: _____

Revised 11/25



EMERGENCY CONTACTS

In the event that a parent/guardian cannot be notified, the following people are authorized for the school to contact and may be allowed to pick up this child.

Name _____ Home Phone _____

Relationship to student(s) _____ Work or Cell Phone _____

Name _____ Home Phone _____

Relationship to student(s) _____ Work or Cell Phone _____

EMERGENCY INFORMATION

☐ **Yes** ☐ **No** I hereby give my permission and/or consent to the personnel of Trinity Lutheran Preschool to secure and authorize such emergency medical or dental care and/or treatment as my child might require while under the supervision of said preschool personnel. I also agree to pay all of the costs and fees contingent on any emergency medical or dental and/or treatment for my child as secured or authorized under this consent. (Every effort will be made to notify parents immediately in case of emergency.)

Doctor/Clinic Name _____ **Phone** _____

Doctor/Clinic Address _____ **Hospital** _____

Dentist Name _____ **Phone** _____

Dentist Address _____

Please list any medical allergies, medications being taken, medical problems, etc.:



PICK UP INFORMATION

I hereby give permission for the following persons named below to pick my child up from preschool.

(Please note: It is the responsibility of parents to notify Trinity Lutheran Preschool, in writing, of any changes.)

Name _____ **Relation** _____ **Phone** _____

Name _____ **Relation** _____ **Phone** _____

Name _____ **Relation** _____ **Phone** _____

Name _____ **Relation** _____ **Phone** _____

Name _____ **Relation** _____ **Phone** _____

Name _____ **Relation** _____ **Phone** _____

Name _____ **Relation** _____ **Phone** _____

Name _____ **Relation** _____ **Phone** _____

Name of persons who may NOT pick up my child: _____

Reviewed at home visit on _____ by _____
date initials