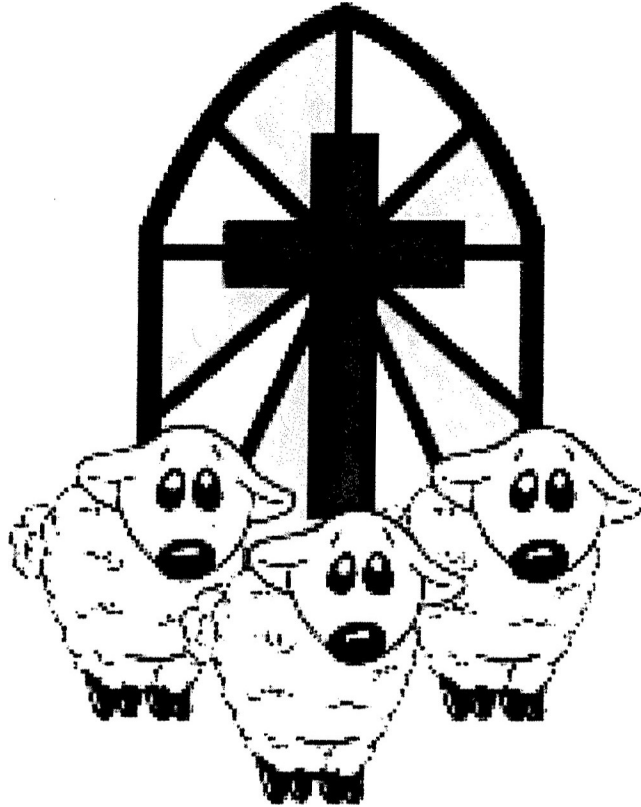


LITTLE LAMBS, TRINITY EARLY
LEARNING CENTER



Registration Packet
2026-2027

Jody Shipman, Director
elc.director@trinitylutheranfortmorgan.com
(970) 867-4931

School Supplies

Backpack

Change of clothing in a zip lock bag

Blanket for nap time (only for full day children)

1 labeled water bottle

2 packages of 12 oz cups

2 packages 50z cups

2 packages 30z Dixie cups

2 packages of 100 spoons

1 100 ct. Package Forks

2 packages of 100 ct. paper plates

2 Clorox wipes

2 Rolls of paper towels

2 packages of napkins

2 boxes Kleenex

3 Reams of copy paper

We will provide breakfast, lunch, afternoon snack and milk daily

Required Documents for Registration

- Copy of child's Birth Certificate
- Copy of Immunization Record or Exemption Form
- Current Physical due when the child starts (form enclosed)

Families,

Entering preschool is a new and exciting adventure for you and your child. Our goal is that every child will be loved, cared for, and respected by everyone he/she encounters. Learning happens gradually and at an individual pace.

We want to ensure your child has opportunities to meet his/her Full potential. With this new experience come new challenges. With God's grace and guidance, we will overcome them together, reaping the joys of your child's growth, learning, and development.

LITTLE LAMBS, Trinity ELC 2026-2027 REGISTRATION FEE AND TUITION POLICY

Annual Registration Fees--- All incoming/returning students are assessed a non-refundable registration fee. This fee is due at the time of enrollment at Little Lambs and helps offset the cost of purchasing classroom materials for the school year.

Preschool Registration Fee: \$75 *Nonrefundable*

Monthly Tuition Prices Effective June 1, 2026		
Part Day: 7:30-11:30 (\$40 a day)		Sibling Discount
2 days 6 hr./wk. (24 hr./mo.) 8 days	\$320	\$275
3 days 9 hr./wk. (32 hr./mo.) 12 days	\$480	\$435
4 days 12 hr./wk. (48 hr./mo.) 16 days	\$640	\$595
Full Day: 7:30-3:30 (\$45 a day)		
2 days 15 hr./wk. (56 hr./mo.) 8 days	\$360	\$315
3 days 22 ½ hr./wk. (84 hr./mo.) 12 days	\$540	\$495
4 days 30 hr./wk. (112 hr./mo.) 16 days	\$720	\$675

Notes on Rates:

We do accept UPK and CCCAP

Full time care is for 3 or more days per week. ****FULL TIME CARE ALWAYS HAS THE FIRST PRIORITY AND ENSURES A SPOT. ****

Part-time care is for 2 days per week. Part-time care is on an "as-available" basis. Full-time clients always have priority.

LITTLE LAMBS, Trinity ELC 2026-2027
REGISTRATION FEE AND TUITION AGREEMENT

Attendance Choice: _____ Part Day (7:30-11:30) _____ Full Day (7:30-3:30)

_____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Full tuition is due on or before the 5th of every month. If payment is not received by the 5th your child may not be able to attend. If you are unable to pay tuition by the 5th, please communicate this directly to the Director, Jody Shipman, to make alternative arrangements.

By signing below, I acknowledge that I have read Little Lambs, Trinity, ELC's registration and tuition policy and agree to pay the tuition indicated above by the method stated above.

Signature

Date

Little Lambs, Trinity ELC 2026-2027
Student Information for the Master Record

Date _____

Student Name _____
(First) (Middle) (Last)

Date of birth _____ Place of birth _____ Adopted /Foster _____
(Month, Day, Year) (City and State)

Student is living with: Both Parents Father Mother Stepfather Stepmother

Other: Name/Relationship _____

Student Physical Address: _____
(Street) (City, state, ZIP code)

Mailing Address _____
(Street) (City, state, ZIP code)

Home Phone: _____

The name of church where child was baptized _____

Date of Baptism _____

Families Home Church/ Pupil's Sunday School _____

List of schools that the student has previously attended.

Date	School and Location
_____	_____
_____	_____

How did you hear about us: Friend Family Social Media Advertisement

T-shirt size: ___XS ___SM ___MD ___LG

___ Hispanic or Latino ___ Non-Hispanic or Latino Race ___ White (includes Hispanic or Latino ___ African American ___ Asian ___ Native Hawaiian ___ Pacific Islander American ___ Indian or Alaskan Native

Primary Language Spoken at home: _____

Little Lambs, Trinity ELC
Family Contact Information:

(PLEASE PRINT)

Father: Full Name: _____

Address: _____ City: _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Where employed _____ Address _____

Work Phone _____

Mother: Full Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Where employed _____ Address _____

Work Phone _____

Names of Brothers and Sister: _____ Date of Birth _____

Name of Brother and Sister: _____ Date of Birth _____

Name of Brother and Sister: _____ Date of Birth _____

Information such as the monthly calendar and upcoming events will be sent monthly.
Please list below if you would like emergency messages texted to someone other than
parents/guardians.

Name & Phone numbers _____

Signature: _____ Date _____

Emergency Contacts Other Than Parent/Guardian in Case Child Gets Sick or Needs to Be Picked Up.

Student's Full Name _____

IN CASE OF AN EMERGENCY AT SCHOOL:

Emergency Contact: _____

Relationship to Student: _____

Address: _____

Phone: _____ Cell Phone: _____ Work Phone _____

Emergency Contact: _____

Relationship to Student: _____

Address: _____

Phone: _____ Cell Phone: _____ Work Phone _____

Emergency Contact: _____

Relationship to Student: _____

Address: _____

Phone: _____ Cell Phone: _____ Work Phone _____

School officials have my permission to obtain immediate emergency medical treatment for my child if, in their opinion, this becomes necessary. I will assume any resulting expenses. In the event of a crisis that the children are removed from campus, the children will be escorted to Murdoch's, and parents will be notified.

PARENT/ GUARDIAN SIGNATURE OF CONSENT

DATE

Little Lambs, Trinity ELC
Medical & Health Treatment Permission Form

CONFIDENTIAL INFORMATION Will be shared with the appropriate staff.

Student _____ Date of Birth: _____

Does your child have any of the following health problems? Yes/No If yes, please circle and comment below:

ADD/ADHD	Diabetes	Hay Fever	Heart Condition	Speech
Asthma	Ear Infections, frequent	Head Injury/Concussion	Lung/Respiratory	Stomach
Blood Disease	Eating Concerns	Headaches	Prematurity	Ulcer
Bone/Joint	Emotional	Hospitalizations	Seizures	Vision Concerns
Bowel/Bladder	Glasses/Contacts	Hearing Loss	Steeping Concerns	Weight Concerns

Comments: _____

Other concerns? (Please list) _____

Allergies: Does your child have any significant allergies/sensitivities that you feel school personnel need to know about?

Yes/No If yes, list allergy/sensitivity: _____

How does your child react? _____ How do you treat it? _____

Medications: Does your child take medication? Yes/No If yes, for what? _____

Please list name of medication/s and dosage: _____

Will this medication be given at school? Yes / No If yes, what time? _____ **Medication form required**

Child's Medical Home:

Physician Name: _____ Address & Phone: _____

Dentist Name: _____ Address & Phone: _____

Health Insurance: Insurance Company: _____ Medicaid #: _____ CHP+ _____

Emergency Care Permit: When a child suffers any injury while in school, an immediate and continuing effort will be made to contact the parents. In the case of severe injury or illness, first aid will be rendered. If ambulance service is necessary, parents must assume financial responsibility.

If I cannot be reached by telephone in the event of an emergency involving _____
(Child's name)

I prefer my child to be sent to _____ Saint Elizabeth Hospital, 1000 Lincoln, Ft. Morgan 867-3391
_____ East Morgan County Hospital, 2400 Edison, Brush 842-6200

Phone: _____ Date: _____ Signature: _____

Trinity ELC 2026-2027

Little Lambs, Trinity ELC
Photo, Video, and Name Release Form

During school activities, photographs and video images of students or families of Trinity Lutheran School / Little Lambs, Trinity ELC may be taken. These may be used on the school website, Facebook page, and/or for publicity.

When photographs or video images of students or families are used on the school website, Facebook page, or for publicity purposes, they may be identified by first and last name. Parents/guardians must sign a personal photo and video image release form to display their family member's photos or video images.

Please sign the form below to let us know if we can use your family member's photos or video images to promote school programs should his or her photo be taken.

Thank you!

(Check One)

Yes, I consent to the use of my family members' photos or video images on the Trinity Lutheran School / Little Lambs Website and Facebook page for publicity purposes. *Little Lambs students will not be named on our social media page.

Limited, I consent to the use of my family member's photo to be used ONLY at the school/ classroom.

NO, I do not wish my child's photos or video images to be used by Trinity Lutheran School / Little Lambs in the classroom, for publicity purposes, or on social media.

Student Name(s) _____

(Please Print)

Parent/Guardian Signature _____

Date _____

Trinity ELC 2026-2027

Little Lambs, Trinity ELC Policies

Sign-In and Sign-Out:

Every child MUST be signed in/out each day at the school. Log in to the attendance program with your unique code to check in/out. You or an adult on your pick-up list, 18 years of age or older, must sign your child out of the program before the child leaves the premises. This is a state requirement and establishes a flow of responsibility.

Late Pick-Up:

Please notify the school immediately if an emergency arises and you will be late picking up your child. A \$25 fee will be assessed if your child is not picked up by 3:45 p.m. An additional \$25 will be charged every 15 minutes after that. All fees must be paid before the next scheduled class time, or your student will not be allowed to return.

If an authorized person has not picked up a child within 5 minutes of the end of the day, a call will be attempted to the parent or guardian. If there is no response, emergency contacts will be called. After all attempts are made and 15 or more minutes have passed, and an authorized person has not picked up the child or contacted the preschool, a call will be made to the Department of Human Services.

I have read and understand the above policies _____
(Parent /Guardian signature)

I have received and read the parent/student handbook _____
(Parent/ Guardian signature)

I give my permission for the use of a cot for full or extended day naps _____
(Parent/ Guardian signature)

I give my permission to the Little Lambs staff that will distribute Rocky Mountain Sunscreen SPF 30 to my child. I also understand that my child will apply sunscreen under the teacher's supervision. _____
(Child's name) (Parent/Guardian signature)

OR

I will provide an alternative sunscreen and fill out the written authorization for the sunscreen to be applied to my child for sun protection. _____
(Parent/Guardian signature)

Little Lambs, Trinity ELC
Child Physical Report
(Must be completed and signed by a Health Care Professional)

Child's Name: _____ Birth Date: _____

Health History & Medical Information pertinent to routine childcare & emergencies: None

Yes, Describe: Special Diet: _____

Allergies: _____

Type of Reaction: _____

Current Medications: _____

Any problems that would prohibit normal school activities: _____ NO _____ YES

If yes explain:

Weight _____ Height _____

Vision _____ Hearing _____

Please attach a copy of the immunization record:

Health Provider name: _____

Address: _____

Phone Number: _____

Physician Signature: _____ **Date:** _____

This physical is good for one year from the health provider's signature date for continued enrollment in the program