



TRINITY

LUTHERAN SCHOOL

From Infants to 8th Grade

Office Use Only
Date Received: _____



FCA FRIDAYS: Fellowship of Christian Athletes Application

This application is for FCA Fridays only.
Daily after-school care needs should use the Extended Care Registration Form.

Student Information

Student Name: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

What is your child's current school: _____ DOB: _____

Medical Conditions/Health Concerns/Allergies: _____

Doctor Name: _____ Phone: _____

Parent/Guardian Information

Parent / Legal Guardian 1: _____ Name of Employer: _____ E-Mail: _____	Home Phone: _____ Office Phone: _____ Cell Phone: _____
Parent / Legal Guardian 2: _____ Name of Employer: _____ E-Mail: _____	Home Phone: _____ Office Phone: _____ Cell Phone: _____

(The office must have a copy of any custody agreements or divorce papers stating visitation and custody rights on file in the office.)

NURTURING CHRISTIAN CHARACTER | PROMOTING ACADEMIC EXCELLENCE

123 EAST LIVINGSTON STREET ORLANDO, FL 32801
407.488.1919 TRINITYDOWNTOWN.COM



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Emergency Contact Person (other than parent/legal guardian):

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

Persons Authorized to Pick-Up Child (Please list anyone that is NOT a parent or legal guardian):

Name: _____	Phone: _____
_____	Relationship: _____
Name: _____	Phone: _____
_____	Relationship: _____

Please read the items below carefully before signing.

- I understand Trinity Extended Care will be closed on all federal holidays and these Christian celebrations: Thanksgiving and the day after, Christmas Eve *through* New Year's Day, Good Friday and Easter Monday.
- I understand that my child must be signed out by 5:00 p.m.
- I understand that I will be charged the Extended Care rate if I pick my child up after 5:00 p.m.
- I understand that there is a charge of \$1.00 per minute if I pick my child up after 6:00 p.m.
- I give Trinity Lutheran School permission to call emergency personnel to transport my child to _____ hospital, or the nearest hospital in the event of an emergency, at the expense of my child's family should emergency contacts not be reached.
- I give permission for my child to participate in various activities throughout the property of Trinity Lutheran Church and School.

Parent / Legal Guardian Signature: _____ Date: _____



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2018 – 2019 PHOTO AND ARTWORK RELEASE AUTHORIZATION

(One sheet per student)

Name of Student _____ Grade _____

**** To grant permission, please initial each statement above and sign your name below.****

_____ I grant permission for the staff of Trinity Lutheran Church and School (including Trinity Extended Care and Camp Trinity) to photograph my child(ren) and to display those photographs both inside and outside the campus for purposes of Trinity marketing or in Trinity displays, exhibits or on bulletin boards.

_____ I also grant permission for Trinity Lutheran Church and School to display my child(ren)'s artwork both inside and outside of campus for purposes of marketing or in displays, exhibits or on bulletin boards.

_____ I understand that any artwork created by my child that is displayed publicly may be labeled with only my child's first name and age, but will not be labeled with my child's last name.

**** To deny permission, initial the statement below and sign below.****

_____ I deny permission for the use of my child's photograph or artwork.

Parent Name: _____ Parent Signature: _____ Date: _____

Only requires one signature from parent in the student's primary household.