

THREE-YEAR-OLD  
(as of August 31)

REGISTRATION

2012-2013

**TRINITY COVENANT PRESCHOOL**

Monday/Wednesday/Friday - \$198.00 per month  
9:00-12:00

Child's full name \_\_\_\_\_ Name called \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_  
(please include zip code)

Home Phone \_\_\_\_\_ Cell Phones \_\_\_\_\_

E-mail address \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Other Children in Family:

<u>Name</u>	<u>Sex</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency: Please list someone other than child's parents.

\_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Is your child presently attending a preschool? \_\_\_\_ Where? \_\_\_\_\_

Have you applied or do you plan to apply to another school for the 2009-2010 year?

\_\_\_\_ If so, where \_\_\_\_\_

REGISTRATION FEE: The \$85 registration fee must accompany this registration form.  
The registration fee for siblings is \$42.50.

Name of Trinity Preschool parent you were referred by: \_\_\_\_\_

Date of Application

Parent Signature

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