

FOUR-YEAR-OLD  
(as of August 31)

REGISTRATION

2009-2010

**TRINITY COVENANT PRESCHOOL**

Monday-Thursday - \$192.00 per month  
9:00-12:00

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

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

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

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

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 \$125 registration fee must accompany this registration form. The amount of \$40 will be applied to your first month's tuition. Sibling's registration fee is \$62.50. The amount of \$20 will be applied to sibling's first month tuition.

Date of Application

Parent Signature

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