

FOUR-YEAR-OLD
(as of August 31)

REGISTRATION

2012-2013

TRINITY COVENANT PRESCHOOL

Monday-Thursday - \$222.00 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
