

TRINITY COVENANT PRESCHOOL

Monday-Friday - \$252.00 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

