

TRINITY PRESCHOOL APPLICATION 2024-25



Have you, your spouse, or child(ren) attended Trinity Preschool in the past? _____ Year(s): _____

Are you a current member of Trinity Presbyterian Church? _____

How did you hear about us? _____

Child's Name: _____ Gender: Boy ___ Girl ___ Birthdate: _____

Name to be called at school (if different from above): _____

Home Address: _____ City: _____ Zip: _____

Best Contact Phone: _____ Belongs to: _____

Primary contact for school communications: Parent / Guardian Name: _____ or Both _____

Parent / Guardian Name: _____

Email: _____ Cell: _____

Employer: _____ Occupation: _____

Parent / Guardian Name: _____

Email: _____ Cell: _____

Employer: _____ Occupation: _____

In the event your class choice is full, would you be willing to accept placement in an alternate class? Y N

Enrollment Options

Minimum Ages

Co-Op Preference

Part Time Options

Options	Days	Time	Minimum Age	Co-Op Preference
___ Twos	T TH	9:30 – 11:45	2 yrs by 9/1/2024	Once per week 1-day 2-Day
___ MWF 3s	M W F	9:00 - 12:00	3 yrs by 9/1/2024	___ ___
___ MWF Mixed Age	M W F	9:00 - 12:00	3 yrs by 9/1/2024	___ ___
___ M-F Mixed Age	M T W TH F	9:00 - 12:00	3 yrs by 9/1/2024	___ ___
___ PM Pre-K	T W TH F	12:30 – 3:30	4 yrs by 9/1/2024	___ ___

Extended Day Options for Part Time Students. For Full Day package options, please see below.

___ 4 Days ___ 3 Days ___ 2 Days ___ 1 Day ___ 12:00 – 4:00 ___ 3:30 – 4:00

Please circle preferred days: M T W Th F

Full Day Options Co-op commitment is half-day only. Please see Note below

___ MWF 3s	M W F	9:00 - 4:00	3 yrs by 9/1/2024	___ ___
___ MWF Mixed Age	M W F	9:00 – 4:00	3 yrs by 9/1/2024	___ ___
___ M-F Mixed Age	M T W TH F	9:00 – 4:00	3 yrs by 9/1/2024	___ ___
___ Mixed Age Pre-K Plus	M T W TH F	9:00 – 4:00	4 yrs by 9/1/2024	___ ___

APPLICATION FEE: Please enclose **\$80.00** per family with this form. **THIS FEE IS NON-REFUNDABLE**
Please make checks payable to Trinity Preschool.

I understand that upon acceptance, our family will be contracted based on our preferences above and will be required to return an Enrollment Contract and May deposit to secure my child's enrollment.

Parent/Guardian Signature: _____ Date Rec'd: _____ Chk#: _____

NOTE: MWF and Mixed Age co-op obligation is during the 9:00 – 12:00 class only. Pre-K Plus families may elect to co-op during the 9:00 – 12:00 class, the 12:30 – 4:00 class, or a combination of both.