

# TRINITY PRESCHOOL APPLICATION 2025-26



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 Commitment	
___ Early Twos	T Th	8:45 – 11:00	2 yrs by 9/1/2025	Twice a month	
___ Late Twos	T Th	11:15 – 1:30	2 yrs by 9/1/2025	Twice a month	
3-Day Options				1-Day	2-Day
___ MWF 3s	M W F	9:00 - 1:00	3 yrs by 9/1/2025	___	___
___ MWF Pre-K	M W F	9:00 - 1:00	3 yrs by 9/1/2025	___	___
5-Day Options				1-Day	2-Day
___ MWF 3s/ TTh Pre-K		9:00 – 1:00	3 yrs by 9/1/2025	___	___
___ M-F Pre-K		9:00 – 1:00	3 yrs by 9/1/2025	___	___
Afternoon Enrichment Programs 1:00 – 4:00 (Non Co-Op)					
___ Skill Builders <sup>1</sup>	2 yrs by 9/1/2025	___ T Th			
___ Skill Builders <sup>1</sup>	3 yrs by 9/1/2025	___ M T W Th F	___ M W F	___ T Th	
___ Pre-K Boost <sup>2</sup>	3.5 years upon start	___ M T W Th F	___ M W F	___ T Th	
___ Custom Add-On <sup>1</sup>	___ Skill Builders <sup>1</sup>	___ Pre-K Boost <sup>2</sup>	Please circle preferred day(s): M T W Th F		

**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 preference(s) above and will be required to return an Enrollment Contract and non-refundable May deposit to secure my child's enrollment.

Parent/Guardian Signature: \_\_\_\_\_ Date Rec'd: \_\_\_ Chk#: \_\_\_

<sup>1</sup> Must also be enrolled in a morning class session. Two year olds may only enroll in Tuesday and/or Thursday Skill Builders.

<sup>2</sup> Pre-K Boost participation is contingent on students having outgrown naps. Nap accommodations are available in Skill Builders.