

# TRINITY PRESCHOOL APPLICATION 2026-2027



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 the 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 |       |
|-----------------------|-------|--------------|-------------------|------------------|-------|
| ___ Twos              | T Th  | 9:00 – 11:30 | 2 yrs by 9/1/2026 | Twice a month    |       |
| ___ Long Twos         | T Th  | 9:00 – 1:00  | 2 yrs by 9/1/2026 | Twice a month    |       |
| 3-Day Options         |       |              |                   | 1-Day            | 2-Day |
| ___ MWF 3s            | M W F | 9:00 - 1:00  | 3 yrs by 9/1/2026 | ___              | ___   |
| ___ MWF Pre-K         | M W F | 9:00 - 1:00  | 3 yrs by 9/1/2026 | ___              | ___   |
| 5-Day Options         |       |              |                   | 1-Day            | 2-Day |
| ___ MWF 3s/ TTh Pre-K |       | 9:00 – 1:00  | 3 yrs by 9/1/2026 | ___              | ___   |
| ___ M-F Pre-K         |       | 9:00 – 1:00  | 3 yrs by 9/1/2026 | ___              | ___   |

### Afternoon Enrichment Programs 1:00 – 4:00 (Non Co-Op)

\_\_\_ Skill Builders <sup>1</sup> 2 yrs by 9/1/2026 \_\_\_ T Th

\_\_\_ Skill Builders <sup>1</sup> 3 years upon start \_\_\_ 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> 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> Child must no longer be napping. Staff consult required for mid-year admissions.