TRINITY PRESCHOOL APPLICATION 2027-2028

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 9/1/27*	Twice a month
____ **Long Twos**	T Th	9:00 – 1:00	*2 yrs by 9/1/27*	Twice a month
3-Day Options				**1-Day** **2-Day**
____ **MWF 3s**	M W F	9:00 - 1:00	*3 yrs by 9/1/27*	_____ _____
____ **MWF Pre-K**	M W F	9:00 - 1:00	*3 yrs by 9/1/27*	_____ _____
5-Day Options				**1-Day** **2-Day**
____ **MWF 3s/ TTh Pre-K**		9:00 – 1:00	*3 yrs by 9/1/27*	_____ _____
____ **M-F Pre-K**		9:00 – 1:00	*3 yrs by 9/1/27*	_____ _____

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

____ **Skill Builders** [1] *2 yrs by 9/1/27* ___ T Th

____ **Skill Builders** [1] *3 years upon start* ___ M T W Th F ___ M W F ___ T Th

____ **Skill Builders Custom** [1] *Please circle preferred day(s):* M T W Th F

____ **Pre-K Boost** [2] *3.5 years upon start* ___ M T W Th F ___ M W F ___ T Th

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#:* ____

[1] *Must also be enrolled in a morning class session. Two year olds may only enroll in Tuesday and/or Thursday Skill Builders.*
[2] *Child must no longer be napping. Staff consult required for mid-year admissions.*