

# TRINITY PRESCHOOL APPLICATION 2019-20



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? \_\_\_\_\_

**Tour Date:** \_\_\_\_\_ (Required for New Family Applicants. Tour must be completed prior to submission of application.)

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: \_\_\_\_\_

Preferred Email(s) for school communications: Parent / Guardian Name: \_\_\_\_\_ or \_\_\_ Both

Parent / Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

**Enrollment Options**

Minimum Ages

**Co- Op**

|   |                 |              |                   |              |               |
|---|-----------------|--------------|-------------------|--------------|---------------|
| <input type="checkbox"/> Twos   | T TH            | 9:30 – 11:45 | 2 yrs by 9/1/2019 |              | Once per week |
| <input type="checkbox"/> Twos *   | T TH            | 3:45 – 5:45  | 2 yrs by 9/1/2019 |              | Once per week |
| <b><u>Threes and Pre-K Co-Op Preference<sup>1</sup> (per month)</u></b>   |                 |              |                   | <u>1-day</u> | <u>2-Day</u>  |
| <input type="checkbox"/> TTh 3s   | T TH            | 9:00 - 12:00 | 3 yrs by 9/1/2019 | _____        | _____         |
| <input type="checkbox"/> TTh Flex 3s <sup>2</sup>   | T TH + M W or F | 9:00 - 12:00 | 3 yrs by 9/1/2019 | _____        | _____         |
| <b>Please prioritize according to Flex Day preference: ___ M ___ W ___ F</b>  |                 |              |                   |              |               |
| <input type="checkbox"/> MWF 3s   | M W F           | 9:00 - 12:00 | 3 yrs by 9/1/2019 | _____        | _____         |
| <input type="checkbox"/> MWF Pre-K  | M W F           | 9:00 - 12:00 | 4 yrs by 9/1/2019 | _____        | _____         |
| <input type="checkbox"/> PM Pre-K   | T W TH F        | 12:15 - 3:15 | 4 yrs by 9/1/2019 | _____        | _____         |
| <input type="checkbox"/> I am considering enrolling in Extended Day (Three-year-olds and older) and would be interested in: ___ M ___ W ___ F |                 |              |                   |              |               |

**APPLICATION FEE:** Please enclose **\$75.00** per family with this form. **THIS FEE IS NON-REFUNDABLE**

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

\*Minimum 10 students required. Class offering will be confirmed no later than 3/1/19.  
<sup>1</sup> Every attempt is made to honor the 1-day or 2-day co-op preference per month. According to the actual number of school days per month, families may be scheduled for more, or fewer days, but never more than nine or eighteen during the school year.  
<sup>2</sup> Flex Family co-op days may be divided between the TTH class and their child's Flex day.  
<sup>3</sup> Your class preference will be considered, however, we reserve the right to age, gender, and/or capacity balance the classes.