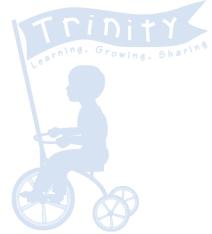


TRINITY PRESCHOOL APPLICATION 2026-2027



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	
<input type="checkbox"/> Twos	T Th	9:00 – 11:30	2 yrs by 9/1/2026	Twice a month
<input type="checkbox"/> Long Twos	T Th	9:00 – 1:00	2 yrs by 9/1/2026	Twice a month
3-Day Options				
<input type="checkbox"/> MWF 3s	M W F	9:00 - 1:00	3 yrs by 9/1/2026	<input type="checkbox"/> 1-Day <input type="checkbox"/> 2-Day
<input type="checkbox"/> MWF Pre-K	M W F	9:00 - 1:00	3 yrs by 9/1/2026	<input type="checkbox"/> 1-Day <input type="checkbox"/> 2-Day
5-Day Options				
<input type="checkbox"/> MWF 3s / TTh Pre-K		9:00 – 1:00	3 yrs by 9/1/2026	<input type="checkbox"/> 1-Day <input type="checkbox"/> 2-Day
<input type="checkbox"/> M-F Pre-K		9:00 – 1:00	3 yrs by 9/1/2026	<input type="checkbox"/> 1-Day <input type="checkbox"/> 2-Day

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

<input type="checkbox"/> Skill Builders ¹	2 yrs by 9/1/2026	<input type="checkbox"/> T Th	
<input type="checkbox"/> Skill Builders ¹	3 years upon start	<input type="checkbox"/> M T W Th F	<input type="checkbox"/> M W F <input type="checkbox"/> T Th
<input type="checkbox"/> Pre-K Boost ²	3.5 years upon start	<input type="checkbox"/> M T W Th F	<input type="checkbox"/> M W F <input type="checkbox"/> T Th
<input type="checkbox"/> Custom Add-On ¹	<input type="checkbox"/> Skill Builders ¹	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#: _____

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.