TRINITY PRESCHOOL APPLICATION 2018-19

our Date:	(Required for New	Family Applicants	Tour must be completed prio	r to submission of application.)
Child's Name:			Gender: Boy Gi	rl Birthdate:
Name to be called	d at school (if differ	ent from above):		
Home Address:			City:	Zip:
Best Contact Pho	ne:		Belongs to:	
Preferred Email(s) for school commu	nications: Parent,	Guardian Name:	or Both
arent / Guardian Na	me:			
			Cell:	
Business Phone:				
Employer:				
lass Options. Please			Minimum Ages	Co- Op Preference ¹
Twos	T TH	9:30 – 11:45	2 yrs by 9/1/2018	Once per week
Twos * *Minimum 14 stude	T TH ents required	12:30 - 2:30	2 yrs by 9/1/2018	Once per week 1-day (per mo·) 2-Day (per m
TTh 3s	т тн	9:00 - 12:00	3 yrs by 9/1/2018	<u>= aa,</u> (per mo, <u>= 2 a,</u> (per m
TTh Flex 3s ²	TTH + M W or F	9:00 - 12:00	3 yrs by 9/1/2018	
Please prioritize	according to first, sec	ond, and third choice	e of Flex Day: M W _	F
MWF 3s	MWF	9:00 - 12:00	3 yrs by 9/1/2018	
MWF Pre-K	MWF	9:00 - 12:00	4 yrs by 9/1/2018	
PM Pre-K	T W TH F	12:15 - 3:15	4 yrs by 9/1/2017	
What attracts you to	your first choice? ³			
I am considering en	rolling in Extended Da	y (Threes & Pre-K) a	nd would be interested in:	_M F
			family with this form. THIS FE	

¹ 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.

² Flex Family co-op days may be divided between the TTH class and their child's Flex day.

³ Your class preference will be considered, however, we reserve the right to age, gender, and/or capacity balance the classes.