

TRINITY PRESCHOOL APPLICATION 2014-15

Have you, your spouse, or child(ren) attended Trinity Preschool in the past? _____ Year(s): _____

Are you a current member of Trinity Presbyterian Church? _____

Child's Name: _____ Gender: ___ Boy ___ Girl Birthdate: _____

Name to be called at school (if different from above): _____

Home Address: _____ City: _____ Zip: _____

Best Contact Phone: _____ ___ Mom ___ Dad ___ House

Preferred Email(s) for school communications: ___ Mom ___ Dad ___ Both

Mother's Name: _____

Email: _____ Cell: _____

Business Phone: _____ Occupation: _____

Employer: _____

Father's Name: _____

Email: _____ Cell: _____

Business Phone: _____ Occupation: _____

Employer: _____

Class Options

Minimum Ages

Co- Op

___ Twos / Threes	T TH	9:45am to 12:00pm	2 yrs by 9/1/2014	Once per week
___ TTh 3s/4s	T TH	9:00am to 12:00pm	3 yrs by 9/1/2014	<u>1-day</u> <u>2-Day</u>
___ TTh Flex 3s/4s	T TH + M W or F	9:00am to 12:00pm	3 yrs by 9/1/2014	___ ___
Please prioritize according to first, second, and third choice of Flex Day: ___ M ___ W ___ F				
___ MWF 3s/4s	M W F	9:00am to 12:00pm	3 yrs by 9/1/2014	___ ___
___ Pre-K	M W F	9:00am to 12:00pm	4 yrs by 9/1/2014	___ ___
___ Pre-K	T W TH F	12:15pm to 3:15pm	4 yrs by 9/1/2014	___ ___

Your class preference will be considered, however, we reserve the right to age & gender balance the classes.

Extended Day (3s/4s & Pre-K children only) Full/PM schedule (3:30 – 5:30) will be set In August, based on demand.

___ YES! I would like to enroll as a "regular" in Extended Day:

___ M ___ W ___ F ___ ½ Day 12:00 – 3:30 ___ Full Day 12:00 – 5:30 ___ PM 3:30 – 5:30

APPLICATION FEE: Please enclose \$60.00 per family with this form. **THIS FEE IS NON-REFUNDABLE!**

Parent Signature: _____ Date Rec'd: ___ Chk#: ___