

TRINITY PRESCHOOL APPLICATION 2018-19

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: _____

Class Options. Please prioritize your preference:

<u>Class Options. Please prioritize your preference:</u>	<u>Minimum Ages</u>	<u>Co- Op Preference¹</u>
___ Twos T TH 9:30 – 11:45	2 yrs by 9/1/2018	Once per week
___ Twos * T TH 12:30 - 2:30 <i>*Minimum 14 students required</i>	2 yrs by 9/1/2018	Once per week
___ TTh 3s T TH 9:00 - 12:00	3 yrs by 9/1/2018	1-day (per mo) 2-Day (per mo)
___ TTh Flex 3s ² T TH + M W or F 9:00 - 12:00	3 yrs by 9/1/2018	_____
Please prioritize according to first, second, and third choice of Flex Day: ___ M ___ W ___ F		
___ MWF 3s M W F 9:00 - 12:00	3 yrs by 9/1/2018	_____
___ MWF Pre-K M W F 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 enrolling in Extended Day (Threes & Pre-K) 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#: ___

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.