

**Trinity Preschool
Registration Form (2021-2022)**

Child's Name _____ Birth date _____
 First Middle Last

Child's Preferred Name _____

Address _____
 Street _____
 City _____ State _____ Zip _____

Date of Child's last health examination: _____

List any health condition or allergies (food or other): _____

Mother's name _____ Father's name _____

Email address _____ Email address _____

Cell phone # _____ Cell phone # _____

Work phone # _____ Work phone # _____

Employer _____ Employer _____

Name of other children in the family: _____ Birthdates: _____

In case of an emergency, please contact parent or:

Name: _____ Phone #: _____

Address: _____ Relationship (to child): _____

I understand that the registration fee is not refundable. I further understand that the monthly tuition is due on the first-class day of each month and is the same each month regardless of how many days the child attends school. I give permission for my child to participate in all school activities and field trips, and I understand I will be notified of these in advance.

Signature: _____ Date: _____

Registration Fee \$170 Monthly Tuition \$270

3-year old class 4-year old class Morning class (9am-12pm) Afternoon class (12:30pm-3:30pm)