



Trinity Preschool

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Application for Enrollment 2019-2020

Office Use Only	
Date Application Rec'd:	___/___/___
Reg Fee \$75 (\$40)	CC/Online cash check # ___

Class: Toddler:	Two Year Olds	Three Year Olds	Four Year Olds
___ 2 day (T&Th)	___ 5 day	___ 5 day	___ 5 day
___ 1 day (T or Th)	___ 3 day (MWF)	___ 3 day (MWF)	
	___ 2 day (T&Th)		

Please check preference (1st, 2nd, 3rd if applicable) – Preschool Staff will assign children to class as space permits.

Student Information

Last Name: _____ First: _____ Middle: _____ Age as of 9/1/19 _____
 Name used: _____ Birth date: ___/___/___ Male: Female:
 Street: _____ City: _____ State: ___ Zip: _____
 Primary Phone: _____
 KNOWN ALLERGIES: _____
 Student resides with Parents Mother Father Guardian (relationship) _____

Family Information

Marital Status: Married Separated Divorced Single Parent

Mother's Name: _____ Home Phone: _____
 Cell phone: _____ E-Mail: _____
 Place of Employment: _____ Work Phone _____ Ext: _____

Father's Name: _____ Home Phone: _____
 Cell phone: _____ E-Mail: _____
 Place of Employment: _____ Work Phone _____ Ext: _____

Legal Guardian's Name: _____ Home Phone: _____
 Cell phone: _____ E-Mail: _____
 Place of Employment: _____ Work Phone _____ Ext: _____

Primary language spoken in the home _____

Other Children in Family:

Name: _____ M F Birth date: ___/___/___ School: _____
 Name: _____ M F Birth date: ___/___/___ School: _____
 Name: _____ M F Birth date: ___/___/___ School: _____

Attends Trinity UMC? Y N If yes, date joined Trinity: _____ If no, church affiliation: _____

Authorized to pick up student/ Emergency Contacts: (other than parents)

Name: _____ Phone: _____ Relationship to Child _____
 Name: _____ Phone: _____ Relationship to Child _____
 Name: _____ Phone: _____ Relationship to Child _____
 Name: _____ Phone: _____ Relationship to Child _____

Parental Agreements and Permissions (please initial)

_____ I have read the policies of the Trinity United Methodist Preschool Handbook and agree to observe all of the policies as determined by the Trinity Preschool Board for the 2019-2020 school year. The Handbook is available online at <http://www.trinityanderson.com/preschoolhandbook>.

_____ I grant permission for Trinity United Methodist Preschool staff to authorize first aid care and/or emergency medical care for my child as needed in the event that I or the emergency contacts cannot be contacted. I will take responsibility for all expenses incurred in the emergency case.

_____ I release Trinity United Methodist Church and Preschool, its employees and volunteers from any liability whatsoever arising out of injury, sickness, or damage that may occur at school or during any school activities.

_____ I understand that tuition is divided into 9 equal payments regardless of the number of days attended each month.

_____ I grant permission for Trinity United Methodist Preschool to distribute my child's name, address, phone number and email to the families of children in his/her class, i.e., birthday invitations.

_____ I grant Trinity United Methodist Preschool permission to use photographs, digital pictures, and videos taken of my child participating in Preschool activities for promotional publication, i.e., newsletters, brochures, mailings, website, slide shows, etc. Pictures used by the preschool for our website or Facebook page will not include children's names. They will be posted as images only.

_____ I understand that Trinity United Methodist Preschool uses email as its primary form of communication and that paper copies of the newsletter are available upon request.

Signature: _____ Relationship: _____ Date: ____/____/____

Signature: _____ Relationship: _____ Date: ____/____/____