



Trinity United Methodist Church
Preschool Registration Form 2012-2013

P.O. Box 606
Lapel, IN 46051
765-534-4222
Fax: 765-534-5016

Building a Christ-Centered Foundation for a Lifetime of Learning

Child's Information:

Child's Name Birthdate:

Nickname or name you would like the teachers to use: Gender: M F

Address:

Street City State Zip

If Different, Mailing Address:

Street City State Zip

Home Phone: Cell Phone:

Parent's Information:

Mothers Name Fathers Name

Cell Number Cell Number

Email Address Email Address

Place of Employment Place of Employment

Work Number Work Number

With whom does your child reside throughout the school year?

List siblings and ages:

Persons other than parents who are authorized to drop off and pick up:

1. Relationship to Child Phone #

2. Relationship to Child Phone #

3. Relationship to Child Phone #

Are there any medical (i.e. allergies etc.)/developmental/emotional, or special procedures required for the care of your child? Please Explain:

Class Choice

2/3 Year Olds Tuesday/Thursday class 9-11:15AM \$80/Month

3/4 Year Olds Monday/Wednesday Friday 9-11:30AM \$90/Month

Pre-K 3 days Monday/Wednesday Friday 9-11:45AM \$100/Month

Pre-K 5 days Mon, Tues, Wed, Thurs, & Friday 9-11:45AM* \$130/Month

*A Minimum of 9 students must enroll in order for the 5-day class to meet.

I wish to make an application to enroll my child in The Trinity Preschool. Enclosed is a check for \$75.00 for the non-refundable registration fee. Trinity Preschool has my permission to print my child's name, address, phone number, and email address on a class list to be given to children attending the school.

Parent's Signature: Date:

Please complete the reverse side of this registration form.

Emergency Medical Information:

Name of Child’s Physician: _____ Phone: _____

Name of Insurance Plan: _____ ID# _____

In Case of illness or Accident notify:

1. _____ Relationship to Child _____ Phone # _____

2. _____ Relationship to Child _____ Phone # _____

3. _____ Relationship to Child _____ Phone # _____

Please complete the follow to enable us to provide the best environment for your child:

Your Child’s previous experience in a group setting: _____

Guidance methods you use that your child responds to: _____

When your child needs to use the restroom or needs assistance what words do they use? _____

What do you hope that your child will gain from his/her preschool experience? _____

Is the home divided by death? _____ Divorce? _____

Is there any other information you can give us that would help us support your child and your family situation?

Transport Arrangements in a Medical Emergency:

I give my consent to have my child _____, receive first aid by staff and if necessary, be transported to receive emergency care.

Parent Signature: _____ Date: _____

Field Trip Permission:

I give permission for my child _____, to attend all field trips taken by Trinity Preschool. I understand that I will be notified in advance of each trip and that all field trips will be properly supervised by the preschool staff.

Parent’s Signature: _____ Date: _____

Photograph Release:

I give permission to Trinity Preschool to photograph or videotape my child for educational purposes, to use on our brochures or website or to share on our parent only Facebook page. I agree that I will receive no compensation or ownership rights to the photographs.

Parent’s Signature: _____ Date: _____