

Trinity Preschool Registration Form
2024-2025 School Year

For Office Use:
Date Received: _____
Amount Paid:
Ck # _____
Cash _____
Registration Fee
Total \$110.00
Due with registration form

Child's Information:

Child's Name: _____

Birthdate: ____/____/____ Age: ____ (on August 1, 2024) Gender: M ____ F ____

Address: _____

Street City State Zip code

Parents' Information:

Mother's Name: _____

Father's Name: _____

Cell Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Please check one: Current/past student _____ New student _____

List siblings and ages: _____

How did you hear about Trinity Preschool? _____

2 year old Class Choices: Half Day (8:30 am – 11:30 am)

2 years old (by August 1st) _____ 3 days: \$60 per week

_____ 4 days: \$80 per week _____ 5 days: \$100 per week

2 year old Class Full Day Class Options: Available for all ages (8:00 am – 4:00 pm)

2 years old (by August 1st) _____ 2 days: \$60 per week _____ 3 days: \$90 per week

_____ 4 days: \$120 per week _____ 5 days (4 full days, 1 half day): \$140 per week

3 year old Class Choices: Half Day (8:30 am – 11:30 am)

3 year olds (by August 1st) _____ 3 days: \$54 per week

_____ 4 days: \$72 per week _____ 5 days: \$90 per week

3 year old Class Full Day Class Options: Available for all ages (8:00 am – 4:00 pm)

3 year olds (by August 1st) _____ 2 days: \$56 per week _____ 3 days: \$84 per week

_____ 4 days: \$112 per week _____ 5 days (4 full days, 1 half day) \$130

Emergency Medical Information:

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

Name of Insurance Plan: _____ **ID#:** _____

Transport arrangements in a Medical Emergency:

I give consent to have my child, _____, receive first aid by staff and if necessary, be transported to the nearest medical facility 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 transportation will not be provided by the preschool for any field trips.

Parent Signature: _____ Date: _____

Photograph Release:

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

Parent Signature: _____ Date: _____

I would like to enroll my child at Trinity Preschool and agree to the payment schedule outlined. I am submitting payment for the \$110.00 Registration Fee along with the Registration Form. I understand the Registration Fee is non-refundable. This Registration Fee and completed form reserves my child's spot in class.

Parent Signature: _____ Date: _____

Please return to: Trinity Preschool, 217 E. 7th Street, P O Box 606, Lapel, IN 46051
Email: trinitypreschool@trinity-tlc.com or Call: 765-534-4222