

Trinity Christian Preschool - Student Information Form 2022/23

\_\_\_ 2.5 year 2 days: \$125 + Reg. Fee \$150 + Supply Fee \$35 = \$310  
(Meets Tuesday & Thursday 9:15-12:15)  
\* MUST TURN 2 by March 30, 2022 & be potty trained \*

\_\_\_ 3 year 2 days: \$125 + Reg. Fee \$150 + Supply Fee \$35 = \$310  
(Meets Tuesday & Thursday 9:45-12:45)  
\* MUST TURN 3 by September 30, 2022 & be potty trained \*

\_\_\_ 3 year 3 days: \$160 + Reg. Fee \$150 + Supply Fee \$35 = \$345  
(Meets Monday, Wednesday, Friday 9:45-12:45)  
\* MUST TURN 3 by September 30, 2022 & be potty trained\*

\_\_\_ 3 year 5 days: \$215 + Reg. Fee \$150 + Supply Fee \$35 = \$400  
(Meets Monday-Friday 9:45-12:45)  
\* MUST TURN 3 by September 30, 2022 & be potty trained\*

\_\_\_ 4 year 3 days: \$160 + Reg. Fee \$150 + Supply Fee \$35 = \$345  
(Meets Monday, Wednesday, Friday 9:30-12:30)  
\* MUST TURN 4 by September 30, 2022 & be potty trained \*

\_\_\_ 4 year 5 days: \$215 + Reg. Fee \$150 + Supply Fee \$35 = \$400  
(Meets Monday-Friday 9:30-12:30)  
\* MUST TURN 4 by September 30, 2022 & be potty trained \*

\_\_\_ Young 5's: \$235 + Reg. Fee \$150 + Supply Fee \$35 = \$420  
(Meets Monday - Friday 9:15-12:15)  
\*MUST TURN 5 by January 31, 2023 & be potty trained \*

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Child's Name \_\_\_\_\_ Name Used \_\_\_\_\_ Male / Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Receive text on cell? yes no

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Parent to contact 1st 2nd

Email address: \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Receive text on cell? yes no

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Parent to contact 1st 2nd

Email address: \_\_\_\_\_

**Medical Information** - ATTENTION: Please discuss all special health needs with the Director before completing the registration process.

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ (please finish completing form on back)

YES or NO (circle one) → I need to complete an allergy form for my child as **they will require medication to be kept at school.**

(The form - Individual Health Care Plan for children with allergies - will be provided by our office and will need to be completed by you.)

Allergies (except for seasonal) \_\_\_\_\_

### Emergency Contact Information

If we, the parents, are unavailable, please contact the following to act on my behalf and attend to my child in case of illness or emergency.

1st Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Pick-Up Authorization Information

The following people, in addition to the individual already above, are authorized to pick up my child from preschool.

1st Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2nd Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3rd Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_ There are people that are NOT authorized to be near my child. Please send me a separate form for this information. (The Director will contact you regarding this issue to ensure we have the paperwork necessary to protect your child.)

Please note that you will need to submit a copy of the following documents by the end of the 1st week of school to complete registration. This is **ONLY** applicable to first time registrants.

\_\_\_\_ State Issued Birth certificate    \_\_\_\_ VA School Entrance Health Form (completed by doctor)    \_\_\_\_ Immunization Records

### Office Use Only

Registration Date \_\_\_\_\_ Total \$ Received \_\_\_\_\_ Installment Registration Fee \_\_\_\_\_ Supply Fee \_\_\_\_\_ cash check # \_\_\_\_\_  
\_\_\_\_ Health Form (Expires on \_\_\_\_\_)    \_\_\_\_ Immunization Record    \_\_\_\_ Birth Certificate