

Trinity Christian Preschool - Student Information Form 2022/23

___ 2.5 year class: \$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 class 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 class 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 class 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 class 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 *

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 _____

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