

Trinity Christian Preschool - Student Information Form 2023/24

___ 2 year 2 days: \$135+ Reg. Fee \$155+ Supply Fee \$45 = \$335
(Meets Tuesday & Thursday 9:15-12:15)
*** MUST TURN 2 by Sept. 11, 2023 ***

___ 3 year 3 days: \$165 + Reg. Fee \$155 + Supply Fee \$45 = \$365
(Meets Monday, Wednesday, Friday 9:45-12:45)
*** MUST TURN 3 by September 30, 2023 & be potty trained***

___ 4 year 3 days: \$165 + Reg. Fee \$155 + Supply Fee \$45 = \$365
(Meets Monday, Wednesday, Friday 9:30-12:30)
*** MUST TURN 4 by September 30, 2023 & be potty trained ***

___ Young 5's: \$240 + Reg. Fee \$155 + Supply Fee \$45 = \$440
(Meets Monday - Friday 9:15-12:15)
***MUST TURN 5 by January 31, 2024 & be potty trained ***

___ 3 year 5 days: \$220 + Reg. Fee \$155 + Supply Fee \$45= \$420
(Meets Monday-Friday 9:45-12:45)
*** MUST TURN 3 by September 30, 2023 & be potty trained***

___ 4 year 5 days: \$220 + Reg. Fee \$155 + Supply Fee \$45 = \$420
(Meets Monday-Friday 9:30-12:30)
*** MUST TURN 4 by September 30, 2023 & be potty trained ***

Child's Name _____ Name (used for school materials) _____ 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.

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.

Allergies (except for seasonal) _____

Emergency Contact & Pick-Up Authorization 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 _____

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 or returning students who did not submit at initial registration.

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

Office Use Only

Reg. Date _____ Total \$ Received _____ Installment Registration Fee Supply Fee

cash OR check # _____ OR procare (credit card payment - must be paid within 24 hours to hold spot)

____ Health Form (Expires on _____) ____ Immunization Record ____ Birth Certificate