

Trinity Christian Preschool - Student Information Form 2020/21

2.5 year class: \$120 + Reg. Fee \$150 + Supply Fee \$25 = \$295
(Meets Tuesday & Thursday 9:30-12:30)

3 year class 3 days: \$155 + Reg. Fee \$150 + Supply Fee \$25 = \$330
(Meets Monday, Wednesday, Friday 9:30-12:30)

3 year class 5 days: \$210 + Reg. Fee \$150 + Supply Fee \$25 = \$385
(Meets Monday, Tuesday, Wednesday, Friday)

4 year class 3 days: \$155 + Reg. Fee \$150 + Supply Fee \$25 = \$330
(Meets Monday, Wednesday, Friday 9:30-12:30)

4 year class 5 days: \$210 + Reg. Fee \$150 + Supply Fee \$25 = \$385
(Meets Monday, Tuesday, Wednesday, Thursday, Friday 9:30-12:30)

Young 5's: \$230 + Reg. Fee \$150 + Supply Fee \$25 = \$405
(Meets Monday, Tuesday, Wednesday, Thursday, Friday 9:30-12:30)

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 _____

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) _____

(please turn over to complete the information required on the back)

Emergency Contact Information

If I, the parent, am unavailable, please contact the following relative/friend in this order to contact me and/or act on my behalf to 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 _____

Pick-Up Authorization Information Please use the emergency contact information listed above as authorized individuals to pick up my child.

The following people, excluding individuals already listed on this form, are also authorized to pick up my child:

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.

State Issued Birth certificate VA School Entrance Health Form (completed by doctor within the last year) Immunization Records

Office Use Only

Registration Date _____ Total \$ Received _____ Installment Registration Fee Supply Fee cash check # _____

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