

FIVE-YEAR-OLD/PRE-K

(as of August 31)

REGISTRATION

2009-2010

TRINITY COVENANT PRESCHOOL

Monday-Friday \$218 per month
9:00-12:00

Child's full name _____ Name called _____

Sex _____ Birthdate _____

Address _____
(please included zip code)

Home Phone _____ Cell Phones _____

Mother _____ Occupation _____
Place of Employment _____ Phone _____

Father _____ Occupation _____
Place of Employment _____ Phone _____

Other Children in Family:

<u>Name</u>	<u>Sex</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency: Please list someone other than child's parents.

_____ Phone _____

Doctor _____ Phone _____

Hospital Preference _____

Is your child presently attending a preschool? _____ Where? _____

Have you applied or do you plan to apply to another school for the 2009-2010 year?

_____ If so, where _____

REGISTRATION FEE: The \$125 registration fee must accompany this registration form. The amount of \$40 will be applied to your first month's tuition. Sibling registration is \$62.50. The amount of \$20 will be applied to sibling's first month tuition.

Date of Application

Parent Signature
