



Trinity Preschool 2026-2027 Registration

Program: ____Toddlers (2-year-olds), \$120/month, Tuesday & Thursday, 9 – 12 **(2 by 9/30)**
____Threes (3-year-olds), \$168/month Monday, Wednesday & Friday, 9 – 12* **(3 by 9/30)**
____Pre-K (4-year-olds), \$216/month Monday – Thursday, 9 – 12* **(4 by 9/30)**

15% discount for the second child

Child's Name _____ Date of Birth _____ Gender _____

Parents/Guardians: _____

Address: _____

Primary phone: _____ Secondary phone: _____

Email: _____

Identification and Immunization Records

____I am providing a current record of my child's health immunizations.

I am providing one of the following pieces of identification for my child:

____Birth certificate ____Passport ____Proof of guardianship
____Adoption papers ____Social Security Card (School will not retain the actual SS number)

<i>Two emergency contacts. Name and Phone.</i>	<i>Members of the household - list name and relationship to child.</i>
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<i>Please list any known allergies (including the reaction), prescribed medications, and any physical disabilities or limitations your child has:</i>	<i>Pediatrician/family physician:</i> <i>Phone Number:</i>
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By registering, I grant permission for Trinity Ecumenical Parish to use my child's photo in preschool and church-related communication, including inside the parish (church newsletters and projected on the Fellowship Hall screen) and outside the parish (Facebook, website, etc.). No names are used in any communication and photos will not be used for fundraising or specific advertising._____ (Initial)

I do not want my child's photo to be used._____ (Initial)

<i>The following people are authorized to pick up my child at the end of the day. Name and Phone.</i>	<i>The following people are NOT to pick up my child under any circumstances: You may speak with the director privately, if desired. Name and Phone.</i>

I understand that it is my responsibility to keep this list current if any changes occur and that the preschool will turn away anyone attempting to pick up my child who is not on the approved list, unless a special form has been signed for that day only. (Initial)_____

Do you currently have a home church? _____

I have read the updated Trinity Preschool Parent Handbook found on the preschool website:

www.tep-preschool.org (Initial)_____ Please ask for a hard copy, if desired.

Please return this form and the non-refundable registration fee to the above address and mark the envelope "Attention: Preschool." You may also choose to submit the registration fee online—please visit our website for payment instructions and be sure to include your child's name in the payment notes. Aside from holding a child's spot, fees go toward field trips and Preschool philanthropic projects.

Registration Fee: \$80. A limited amount of tuition assistance is available, based on financial need. See director for details. Information is held in strictest confidence.

I understand and will meet our financial obligations regarding Trinity Preschool. (Initial)_____

** Optional Lunch Bunch offered Mondays and Wednesdays until 2:00, \$12 per session.*

I have read, understood, and answered all of the above carefully and truthfully:

Signature

Date

Our Mission: *To nurture young children through education, fellowship, prayer, and compassion in a Christian environment.*