



Trinity Preschool Student Information

Please complete the following and initial, sign, and date where requested.

Child's Name _____ Class _____

Parent _____ E-Mail _____

Primary Phone _____ Secondary _____

Two emergency contacts:

Name _____ Phone _____

Name _____ Phone _____

Child lives with: ___Parents ___Grandparents ___Guardian/foster parents ___Other

Members of the household. Please list name and relationship to child.

My child has the following known allergies. Please list allergy and reaction.

My child takes the following prescribed medications:

My child has the following physical disabilities or limitations:

Pediatrician/family physician _____ Phone _____

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 for external communication. _____ **(Initial)**

I do not want my child's photo to be used for external or internal communication. _____ **(Initial)**

My child has permission to attend class field trips. Please note that Trinity Preschool does not provide transportation to these events. You are asked to accompany your child.

Yes _____ No _____ **(Initial)** _____

The following people are authorized to pick up my child at the end of the day:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

The following people are NOT to pick up my child under any circumstances: You may speak with the director privately, if desired.

Name _____ Phone _____

Name _____ Phone _____

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)** _____

Is there any information regarding your child that would be helpful for the teacher?

Do you have any talents, skills, experiences, vocation, etc. that you would be willing to share with the school or your child's class?

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.

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

Signature

Date