

REGISTRATION FORM

Trinity Christian Preschool
2620 Genesee Street
Utica, NY 13502
(315) 732-7869



Date _____

Monthly Tuition Rates

2 days/week \$ 80 _____
3 days/week \$ 110 _____
5 days/week \$ 180 _____

Non-refundable Registration fee

\$25 new student _____
\$20 returning student or
Trinity member _____

Monthly Early Drop-off Fees

2 days/week \$ 15 _____
3 days/week \$ 20 _____
5 days/week \$ 25 _____

Days to Attend: M T W Th F

Child's Name: _____ Sex: M F

Nick name? _____ Birth Date _____

Mother's Name _____ Occupation: _____

Father's Name _____ Occupation: _____

Home Phone _____ Cell: _____ Work _____

Address _____

Church Affiliation: _____ Email address _____

Names and Ages of Siblings

Is your Child allergic to any foods or substances? What are they? _____

Does your child have any special fears? _____

To help us know your child better, please write a brief paragraph describing him/her

In case of emergency and a parent is not available, contact:

Name _____ Relation to Child _____ Phone _____

Physician _____ Phone: _____

How did you learn about our program _____?

NON-DISCRIMINATION POLICY

Trinity Christian Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color national origin in administration of it's educational policies, admissions policies and scholarships.