

**REGISTRATION FORM**

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



Date \_\_\_\_\_

**Monthly Tuition Rates**

2 days/week \$ 90 \_\_\_\_\_  
3 days/week \$ 125 \_\_\_\_\_  
5 days/week \$ 205 \_\_\_\_\_

**Non-refundable Registration fee**

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

**Monthly Early Drop-off Fees**

2 days/week \$ 20 \_\_\_\_\_  
3 days/week \$ 25 \_\_\_\_\_  
5 days/week \$30 \_\_\_\_\_

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.