



TRAIN UP A CHILD



PRESCHOOL

ACCREDITATION PENDING

2023-2024 Application

Date _____
Class Applying for: PK3___ PK4 ___
Applying for Extended Day? Yes ___ No ___

5940 Dogwood St, Zephyrhills, FL 33542
Email: trainupachildprek@gmail.com
Phone: 813-780-8002

Student Information

Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Mother ___ Father ___ Home Landline ___

Secondary Phone _____ Mother ___ Father ___ Home Landline ___

Primary Email _____ Mother ___ Father ___ Both ___

Secondary Email _____ Mother ___ Father ___ Both ___

Birth Date _____ Age _____ Sex _____

Prior preschool or daycare _____ Phone Number _____

School Address _____

Student's Race (Circle One) American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White. Other (Please Specify) _____

Student's Ethnicity (Circle One) Hispanic/Latino, Not Hispanic/Latino

Family Information

Guardian 1 _____ Cell Phone _____ Email _____

Employer _____ Position _____ Work Phone _____

Guardian 2 _____ Cell Phone _____ Email _____

Employer _____ Position _____ Work Phone _____

Student lives with _____

Custody: Mother ___ Father ___ Both ___ Other (list) _____

Siblings Also Attending TUAC Preschool _____

Emergency Contacts

Security Code _____

Primary Emergency Contact

Name _____ Phone _____ Relationship to student _____

List of contact persons who may pick up your child/children (other than the parents listed)

Name _____ Cell# _____ Work# _____ Relationship _____

Name _____ Cell# _____ Work# _____ Relationship _____

Name _____ Cell# _____ Work# _____ Relationship _____

Religious Information

Church Attending _____ Preacher _____

Address _____ Phone _____

Medical Information

Student's Physician _____ Address _____

Phone _____ Hospital of preference _____

Does the student have any allergies (including food allergies), chronic illnesses, or physical limitations?

Additional Information

How did you hear about this preschool? _____

Reason for selecting this school _____

Has your child ever been diagnosed with a learning disability? _____ If so, please provide details of the diagnosis.

Does the applicant take medication for any medical need and/or learning disability? _____ If so, please describe the medication and its effects (i.e., improves concentration and focus, prevents headaches, controls mood, etc.)

Does your child have an IEP (Individualized Education Program)? _____

Parent Agreement

I hereby pledge to pay my financial obligation to the school on the date due. I understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account and that the school reserves the right to dismiss any student whose financial obligation remains unpaid. I give permission for my student to take part in all school activities, and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity. I appreciate the standards of the school and hereby agree to support all regulations of the school.

Signature of Guardian 1 _____ Date _____

Signature of Guardian 2 _____ Date _____

Application must be filled out completely before it can be processed.

- A non-refundable registration fee of \$200.00 must accompany the application. If you enroll your child, the registration fee will be applied toward your first month's tuition payment.
- An interview with the parents and the student will be required before final acceptance.
- Please see the Parent/Student Handbook for information regarding tuition payment.

Train Up a Child Preschool (TUAC) admits students of any religion, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. It does not discriminate on the basis of religion, race, color, national or ethnic origin in administration of its educational policies.