

Trinity Baptist Church Preschool Application 2024-2025 School Year

Today's Date: _____ Registration Fee Check # _____ (Non-refundable Registration Fee if accepted into the program)

Does your family attend Trinity Baptist Church? _____

Registering for: 1-year program _____ 2-year program _____ 3-year program _____ 4-year program _____

Program Hours: 9 a.m. until 12 p.m. **Day preference (for 1s, 2s & 3s only; 4s attend all 4 days.)**

Monday/Wednesday _____ Tuesday/Thursday _____ Both classes _____

Name of Child: Last _____ First _____ Middle _____

Name your child prefers to be called _____

Child's Date of Birth: _____ Child's Age as of October 15, 2024 _____ Gender: M or F

Note: **3 & 4 year olds MUST be potty trained before the first day of school.**

Parent/Guardian Names: _____

Preferred Parent Email Address for Messages _____

Cell Phone Numbers: Parent Name _____ Cell # _____ Occupation _____

Parent Name _____ Cell # _____ Occupation _____

Address: _____

*Emergency Contact (Name & Number) _____/_____ relationship to child _____

Child's Doctor: _____ Phone Number: _____

Allergies or Sensitivities _____

Describe your child: Shy_____ Outgoing _____ Independent _____ Dependent _____

Plays well with others _____ Has your child attended a preschool before? _____

Number of brothers _____ Number of sisters _____ Child's rank within the family _____

Please use the space below to provide any information that would help us relate to your child (likes, dislikes, favorite things to do, favorite toys, favorite songs, etc.).

MEDICAL RELEASE

If my child needs medical attention while he/she is in your custody, I authorize you to see such medical care and to execute any documents required by a health provider. I also understand that all attempts will be made to contact me if any injury results.

This _____ day of _____, 2024

Guardian Signature _____