

School Year 10/11

{office use only: date paid : _____
check # : _____
amount : _____

Application for Trinity Chapel Preschool

Child's Full Name: _____ **Preferred Name** _____

Sex: M F **Race (check one)** _____ African- American _____ Caucasian _____ Hispanic _____ Other

Date of Birth _____ **Age (as of September 1)** _____

Registering for: 3 year class _____ (Monday—Wednesday, 9:00am—12:00pm) Must be 3 by September 1.
 4 year class _____ (Monday—Thursday, 9:00am—12:00pm) Must be 4 by September 1.

Home Telephone _____

Address _____

City _____ **State** _____ **Zip** _____

Father's Full Name _____ **Preferred Name** _____

Level of Education Completed _____ Church Attending _____

Employer _____ Telephone _____

Mother's Full Name _____ **Preferred Name** _____

Level of Education Completed _____ Church Attending _____

Employer _____ Telephone _____

Legal Guardian Full Name _____ **Preferred Name** _____

Level of Education _____ Church Attending _____

Employer _____ Telephone _____

If Guardian, please explain: _____

Current Marital Status: Single Married Separated Divorced Widowed

Child lives with:

Both Parents _____ Mother _____ Father _____ Other _____

Total Number of people living in the household: Adults _____ Children _____

Please list, in birth order, names and birth dates of other children living in the Household:

	<i>Name</i>	<i>DOB</i>	<i>Name</i>	<i>DOB</i>
1.	_____	_____	3.	_____
2.	_____	_____	4.	_____

Is your child completely potty trained and able to go to the potty by himself/herself? _____ (Your child must be able to remain dry for three hours in cloth pants to attend preschool. No Pull-Up disposable diapers.)

Comments: _____

Emergency Information Form / Medical Authorization

Student's Name _____ Phone Number _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

E-mail address (required): _____

Mother's Name _____ Work #: _____ Cell Ph. _____

Father's Name _____ Work #: _____ Cell Ph. _____

In case of an emergency, please give name and telephone number of a relative and/or friend who we may call and who will assume temporary care of your child in the event that you cannot be reached.

1. _____ Relation _____ Phone _____

2. _____ Relation _____ Phone _____

3. _____ Relation _____ Phone _____

Family Physician _____ Phone _____

Address _____

In the event that I cannot be reached, I give permission for a school representative to transport my child to _____ Hospital.

Further, I authorize emergency treatment and will assume full responsibility for all charges related to the above.

Signed: _____ Date _____
(Parent or Legal Guardian)

Medical Insurance: Company _____

Policy or Group # _____

Policy under the name _____

Medical Form

Name: _____ Date of Birth: _____

HISTORY:

Was this a normal delivery? _____ Weight at Birth _____ (lbs./oz.)

Has your child had any of the following diseases?

Chicken Pox _____

Measles (German) _____

Mumps _____

Measles (Red) _____

Does your child have any chronic or recurrent illnesses? Explain _____

List any regular medications your child is on _____

List any known allergies _____

Dietary restrictions _____

What should we do if your child has a reaction? _____

Does your child have or has your child been diagnosed with any of the following?

If so, please explain and list any measures that are being taken concerning the matter.

Handicap or physical problem _____

Birth defect or brain damage _____

Accident-related injury _____

Speech problems _____

Hearing or eyesight problems _____

Emotional Problems _____

Behavioral problems _____

ADHD or similar issues _____

Please describe your child's personality and temperament _____

Does your child prefer one hand to the other? _____

Is there any other information you can share with us that might help in meeting your child's particular needs?

IMMUNIZATIONS:

The Health Department requires that we have immunization records on file and that they be current. School policy requires that by **October 1** of the current school year we have a copy of your child's **up to date immunization record**. Records may be obtained from your child's Pediatrician or the Health Department.

Immunization Record

(or bring a copy of shot records by Oct. 1 when school begins)

Name: _____ Date of Birth: _____

YEAR DOSES GIVEN:

DPT _____ POLIO _____

MMR _____ HIB _____

Was there any series of these shots not given? _____ Why? _____

I have examined the above named child and find him/her to be in satisfactory health.

Doctor's Signature

Date

TUITION SCHEDULE

This page must be signed and returned with application & fee

Registration fee (includes books): **\$175**

Registration fee is due upon registration and is non-refundable.

All **three-day classes'** tuition will be **\$1440** for the year.

Monthly installments of **\$160.00** by the first day of the month.

After the fifth of the month, first late fee \$10.00, 2nd late fee \$20.

All **four-day classes'** tuition will be **\$1710** for the year.

Monthly installments of **\$190.00** by the first day of the month..

After the fifth of the month, first late fee \$10.00, 2nd late fee \$20.

Activity Fee—\$50 this is due on Aug 1 with your first months tuition .

Activity fee is non refundable after Oct. 1st for early withdrawals.

Monthly Installment Schedule is as follows:

- Aug 1 - September tuition is due + **Activity Fee \$50**
(If this amount is not paid by Aug 5th, your spot will be automatically released.)
- Sep 1 - October tuition is due
- Oct 1 - November tuition is due
- Nov 1 - December tuition is due
- Dec 1 - January tuition is due
- Jan 1 - February tuition is due
- Feb 1 - March tuition is due
- Mar 1 - April tuition is due
- Apr 1 - May tuition is due

(If final tuition has still not been paid by April 30th a \$25 charge will also be added. No exceptions.)

***Please Note:**

Tuition is based on a yearly amount.

Early withdrawal—A Withdrawal Form provided by the office must be filled out.

A withdrawal fee equal to one month's tuition will be due.

I _____,

have read the above tuition information and agree to abide by the preschool policy.

Signed _____

Parent or Legal Guardian