

Trinity Chapel Preschool Application

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

Race (check one) African- American () Caucasian () Hispanic () Other () _____

Legal Resident: **Child** Yes () No () **Parents/Guardian** Yes () No ()

Date of Birth _____ **Sex** Female () Male () **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 First and Last Name _____ **Preferred Name** _____

Employer _____ Work Number _____

Job Description _____

Church Attending _____ Active Member () Inactive Member ()

Mother's First and Last Name _____ **Preferred Name** _____

Employer _____ Work Number _____

Job Description _____

Church Attending _____ Active Member () Inactive Member ()

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

Employer _____ Telephone _____

Job Description _____

Church Attending _____ Active Member () Inactive Member ()

If Guardian, please explain: _____

**Please Note: We cannot legally restrict a natural parent from picking up a child unless custody papers are on file.*

Current Marital Status: Single () Married () Separated () Divorced () Widowed ()

Child lives with: Both Parents () Mother () Father () Other () _____

Siblings:

<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: _____

How did you hear about our Preschool? Advertisement () Church () Website () Friend ()

Emergency Information Form / Medical Authorization

Student's Name _____ 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 History 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?

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, and a withdrawal fee equal to one month's tuition must be paid.

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

Signed _____ Parent or Legal Guardian

BIRTH CERTIFICATE:

A copy of your child's birth certificate is required for school records.

A certified copy must be turned in with your child's application

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.

**Thank you for choosing
the preschool program
at
Trinity Chapel**

**The next time you will hear from us
will be**

in the summer.



**You will receive
a letter from us
the mid part of July
instructing you on
the start of school, tuition due, items
needed
and
the date and time of Open House.**

Until then.....

**WE ARE EXCITED TO HAVE YOUR
STUDENT JOIN US!**