



# TPNS REGISTRATION 2012-13

Date: \_\_\_\_\_

Have you attended Trinity Nursery School in the past? \_\_\_\_\_

Are you a current member of Trinity Presbyterian Church? \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Gender: \_\_\_ Boy \_\_\_ Girl

Mother's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

### Class Options

### Minimum Ages

### Co-Op

### 1/2 Co-op<sup>1</sup>

<input type="checkbox"/> Twos	T Th	9:45 to 12:00 PM	2 yrs by 9/1/2012	_____	N/A
<input type="checkbox"/> TTh3s	T Th	9:00 to 11:30 AM	3 yrs by 9/1/2012	_____	_____
<input type="checkbox"/> TTh Flex3s	T Th + M W or F	9:00 to 11:30 AM	3 yrs by 9/1/2012	_____	_____
Please prioritize according to first, second, and third choice: _____ M T Th _____ T W Th _____ T Th F					
<input type="checkbox"/> MWF3s	M W F	9:00 to 11:30 AM	3 yrs by 9/1/2012	_____	_____
<input type="checkbox"/> Pre-K	M W F	9:00 to 11:30 AM	4 yrs by 10/1/2012	_____	_____
<input type="checkbox"/> Pre-K	T W Th F	12:45 to 3:15 PM	4 yrs by 10/1/2012	_____	_____

Your class preference will be considered, however, we reserve the right to age & gender balance the classes.

### Extended Day

YES! I would like to enroll as a "regular" in Extended Day \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F

\_\_\_\_\_ 1/2 Day 12:00 – 3:30 \_\_\_\_\_ Full Day 12:00 – 5:30 \_\_\_\_\_ PM 3:30 – 5:30

I plan to take advantage on occasion, as a Drop-In

**REGISTRATION FEE:** Please enclose \$60.00 per family with this form. **THIS FEE IS NON-REFUNDABLE!**

Parent Signature: \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

Date Received: \_\_\_\_\_ Number: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_