

# TPNS REGISTRATION 2012-13

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

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>**

___ Twos / Threes	T Th	9:45 to 12:00 PM	2 yrs by 9/1/2012	___	N/A
___ TTh 3s / 4s	T Th	9:00 to 11:30 AM	3 yrs by 9/1/2012	___	___
___ TTh Flex 3s / 4s	T Th + M W or F	9:00 to 11:30 AM	3 yrs by 9/1/2012	___	___
<b>Please prioritize according to first, second, and third choice: ___ M T Th ___ T W Th ___ T Th F</b>					
___ MWF 3s / 4s	M W F	9:00 to 11:30 AM	3 yrs by 9/1/2012	___	___
___ Pre-K	M W F	9:00 to 11:30 AM	4 yrs by 10/1/2012	___	___
___ 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 (Threes & Pre-K children only)**

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

\_\_\_ ½ 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: \_\_\_\_\_

Trinity Presbyterian Nursery School 1106 Alameda de las Pulgas San Carlos, CA 94070 650-593-0770

<sup>1</sup> ½ co-op is only available to families with two children enrolled.

Date Rec'd: \_\_\_ Chk#: \_\_\_