



**COMMUNITY APPLICATION FORM
2010-2011**

Date: _____

Gender (Circle) Boy/Girl

Child's Name: _____ **Name to be called at school:** _____

Home Address: _____ **City:** _____ **Zip:** _____

Telephone: _____ **Birthdate:** _____

| | |
|----------------------------------|---------------------------------|
| Mother's Name: _____ | Maiden Name: _____ |
| Business Telephone: _____ | Occupation: _____ |
| Employer: _____ | |
| Email Address: _____ | Cell Phone Number: _____ |

| | |
|----------------------------------|---------------------------------|
| Father's Name: _____ | Occupation: _____ |
| Business Telephone: _____ | Employer: _____ |
| Email address: _____ | Cell Phone Number: _____ |

Church Membership: (Check one)

- Trinity Presbyterian Church**
- Other Church Membership** _____
(Name of Church) (City)
- No Affiliation**

Have you attended Trinity Nursery School in the past? _____

Will you have more than one child enrolled in our school? _____

| Class Option (s): | | Minimum Ages | Co-Op | *1/2 Co-op |
|--|-------------------------------|---------------------|--------------|-------------------|
| <input type="checkbox"/> Twos | T & Th, 9:45 to 12:00 PM | 2 yrs by 10/1/2010 | _____ | N/A |
| <input type="checkbox"/> T/Th3s | T & Th, 9:00 to 11:30 AM | 3 yrs by 12/2/2010 | _____ | _____ |
| <input type="checkbox"/> MWF3s | M, W & F, 9:00 to 11:30 AM | 3 yrs by 12/2/2010 | _____ | _____ |
| <input type="checkbox"/> MWF4s | M, W & F, 9:00 to 11:30 AM | 4 yrs by 12/2/2010 | _____ | _____ |
| <input type="checkbox"/> PM4s | T, W, Th & F 12:30 to 3:00 PM | 4 yrs by 12/2/2010 | _____ | _____ |

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

***1/2 co-op is only available to families with 2 children in our school.**

Parent Signature: _____

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|---|
| <p>APPLICATION FEE: Please enclose \$30.00 per family with this form. (an additional \$30.00 for registration is due upon acceptance to our school)</p> <p>Please Note: This Application fee is non-refundable!</p> |
|---|

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

Postmark Date: _____ Check #: _____ Amount: _____ Lottery _____