



**Church Member, Current Family,
Former Family, Alumni Family
REGISTRATION FORM
2009-2010**

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? _____

<u>Class Option (s):</u>	<u>Minimum Ages</u>	<u>Co-Op</u>	<u>* 1/2 Co-op</u>
<input type="checkbox"/> Twos	T & Th, 9:45 to 12:00 PM	2 yrs by 10/1/2009	N/A
<input type="checkbox"/> T/Th3s	T & Th, 9:00 to 11:30 AM	3 yrs by 12/2/2009	_____
<input type="checkbox"/> MWF3s	M, W & F, 9:00 to 11:30 AM	3 yrs by 12/2/2009	_____
<input type="checkbox"/> MWF4s	M, W & F, 9:00 to 11:30 AM	4 yrs by 12/2/2009	_____
<input type="checkbox"/> PM4s	T, W, Th & F 12:30 to 3:00 PM	4 yrs by 12/2/2009	_____

*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: _____

REGISTRATION FEE: Please enclose **\$60.00** per family with this form.
Please Note: This fee is non-refundable!

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

Date Registration Fee Received: _____ Check #: _____ Amount: _____