

TRINITY LEARNING CENTER PRESCHOOL REGISTRATION FORM

2021-2022 School Year

Child's Name _____ Nickname/Name child goes by _____

Age _____ Date of Birth ___/___/___ Sex _____ Right-Handed Left-Handed No Preference (Please circle one)

Address _____ City _____ State _____ Zip _____

Father's Name _____ Occupation _____

Place of Employment _____ Work Phone _____

Email Address _____ Cell Phone _____

Mother's Name _____ Occupation _____

Place of Employment _____ Work Phone _____

Email Address _____ Cell Phone _____

Parents' Marital Status: _____ Married _____ Single _____ Divorced _____ Separated

Child is living with: _____ Both Parents _____ Mother _____ Father _____ Other (_____)

Brothers/Sisters (Names & Ages) _____

In case of an emergency call (name and number—in event parents can't be reached):

Any allergies? _____

Special remarks concerning your child: (particular problems, medical problems, allergies-including food, disabilities, special physical needs, specific words child uses for toileting, strong food dislikes, strong fears, etc. please use the back if necessary)

Any additional information such as child's communication, security objects, comforting, and/or discipline: _____

Has your child attended preschool before? _____ If so, where: _____

Church Membership at: _____

NAMES OF PERSONS AUTHORIZED TO TAKE YOUR CHILD FROM SCHOOL:

(Child will not be allowed to leave with any other person without written authorization from responsible parent/guardian)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Do we have your permission to publish your name, address & phone number for a class roster? _____ Yes _____ No

Parent/Guardian Signature _____ Date _____

**** Please keep the school advised of any changes in this information. ****

PERMISSION FORM

I hereby grant permission:

1. For my child to use all of the play equipment and to participate in all of the activities of the school.
2. For my child to leave the school premises under the supervision of a staff member for neighborhood walks or special excursions to places of interest in authorized vehicles. (Notices will be given a day or two prior whenever possible.)
3. For the teacher or acting teacher to take whatever steps may be necessary to obtain care as warranted.
4. For my child to be photographed while involved in class activities.

Parent/Guardian _____ Date _____

\$25 Registration Fee: Date Paid _____ Cash or Check # _____ Class: 3/4 4/5