

REGISTRATION**TRINITY COVENANT PRESCHOOL**

Monday-Friday - \$300.00 per month

Monday/Wednesday/Friday - \$250.00 per month

TTH - \$200

9:00-1:00

Child's full name _____ Name called _____

Sex _____ Birthdate _____

Address _____
(please include zip code)

Home Phone _____ Cell Phones _____

E-mail address _____

Mother _____ Occupation _____

Place of Employment _____ Phone _____

Father _____ Occupation _____

Place of Employment _____ Phone _____

Other Children in Family:

<u>Name</u>	<u>Sex</u>	<u>Age/DOB</u>
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

In case of emergency: Please list someone other than child's parents.

_____ Phone _____

Doctor _____ Phone _____

Hospital Preference _____

REGISTRATION FEE: The \$115 registration fee must accompany this registration form.
The registration fee for siblings is \$70.00. This includes the annual supply fee.

Date of Application

Parent Signature