



# Registration Form (2022-2023)

Child's Name \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 First Middle Last  Male  Female

Child's Preferred Name \_\_\_\_\_

Address \_\_\_\_\_  
 Street \_\_\_\_\_  
 City State Zip

<b>Parent</b> (or Guardian)	<b>Parent</b> (or Guardian)
Email address	Email address
Cell phone #	Cell phone #
Work phone #	Work phone #
Employer	Employer

<b>Name of other children in the family:</b>	<b>Birthdates:</b>

**In case of an emergency, please contact parent or:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship (to child): \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:**

<input type="checkbox"/> <b>3-year old class (M,T,W)</b> \$280.00/ Month	<input type="checkbox"/> <b>4-year old class (M,T,W)</b> \$280.00/Month
<input type="checkbox"/> Morning class(9am-12pm)	<input type="checkbox"/> Morning class(9am-12pm)
<input type="checkbox"/> Afternoon class (12:30pm-3:30pm)	<input type="checkbox"/> Afternoon class (12:30pm-3:30pm)
<input type="checkbox"/> <b>Fine Arts Day</b> (Thurs. 9am-12pm) \$90.00/Month	<input type="checkbox"/> <b>Fine Arts Day</b> (Thurs. 9am-12pm) \$90.00/Month
<input type="checkbox"/> <b>3 Day Registration Fee \$170</b>	OFFICE USE: ___ Registration Fee ___ Birth Certificate ___ Health Form ___ Photo Release/First Aid Policy
<input type="checkbox"/> <b>4 Day Registration Fee \$200</b>	
<input type="checkbox"/> <b>1 Day (Fine Arts Only) Registration Fee \$50</b>	

I understand that the registration fee is not refundable. I further understand that the monthly tuition is due on the first-class day of each month and is the same each month *regardless* of how many days the child attends school. There is no tuition reduction given for illness, vacation, or inclement weather days.

I give permission for my child to participate in all school activities and field trips, and I understand I will be notified of these in advance.

I have read and understand the Parent Handbook (on website) [Trinitypreschoolvb.org](http://Trinitypreschoolvb.org)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL STUDENT AND FAMILY INFORMATION**

**Status of Parents:** \_\_ Married \_\_ Separated \_\_ Divorced \_\_ Single Parent

Child lives with:  
\_\_ Both parents \_\_ Mother \_\_ Father \_\_ Stepparent \_\_ Relative \_\_ Other

Please list any additional information below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If childcare (part or full time) is a routine of your child’s day, please provide information about your childcare provider:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to child (grandparent, friend, etc.) \_\_\_\_\_

**STUDENT MEDICAL/PHYSICAL INFORMATION**

**\*Immunization Form Required\***

**Does your child have allergies (food or other)?**  NO  YES If yes, please list below:  
\_\_\_\_\_  
\_\_\_\_\_

**List any health conditions:**  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child require any medication, prescription, or non-prescription, on a regular basis?**  
 NO  YES If yes, please list below: **\*Signed Doctor authorization required\***  
\_\_\_\_\_  
\_\_\_\_\_

**Can your child attend to his/her toileting needs?**  NO  YES

**Describe your child’s speech:** Rapid slow moderate clear talks constantly seldom speaks  
Uses many/few words

**Describe your child’s personality/behavior** (i.e. shy, outgoing, active, aggressive, competitive):  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child exhibit any specific fears?** (i.e. separation Anxiety, noises, animals, insects)?  
\_\_\_\_\_  
\_\_\_\_\_

**Forms needed to complete registration process:**

**Completed Registration Form and Fee**

**[Virginia School Entrance Health Information Form](#)** (new students or updated for current)

**Birth Certificate** (new students only)

**Trinity Preschool Photo Release Form/ Trinity Preschool First Aid Policy**