****

**Trinity Preschool**

**“Growing Hearts and Minds”**

301 Marine Blvd. Jacksonville, NC 28540 (910) 455-4814 ext. 106

Trinity Preschool is dedicated to providing early childhood education to 3-year-old children in a Christian setting. Its mission is to nurture the spiritual, cognitive, social, emotional, and physical development of young children.

**Registration fees are non-refundable.**

**Placement for the 2021 - 2022 school year.**
**Three-year-old, 3 days per week (M / W / F 9 - 12 pm)**

**Tuition and Fees:
Registration fee (due with application) $ 80.00 (one-time materials fee)**

**Three-day class / three-year-old $190 per month**

Health forms must be completed, signed by a physician, and returned to Trinity Preschool before your child may start school.

Tuition for the months of September and May will be collected prior to the start of school in September. If you may need to withdraw your child during the school year, please give a 30- day notice prior to the start of the last month your child will attend.

Our address is:
Trinity Preschool
301 Marine Boulevard Jacksonville, North Carolina 28540

# PRESCHOOL REGISTRATION FORM

Child’s Full Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name child is to be called in Class:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Birth:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Sex:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Current Home Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home Phone:**\_\_\_\_\_\_\_\_\_\_** Work (Dad):**\_\_\_\_\_\_\_\_\_\_\_** Work (Mom):**\_\_\_\_\_\_\_\_\_\_\_\_**

Dad’s Cell Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Mom’s Cell Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email address(es):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent’s Marital Status: **\_\_\_\_**Married **\_\_\_\_**Divorced **\_\_\_\_**Single **\_\_\_\_**Separated

If separated or divorced, parent with legal custody (please check one)

Father:**\_\_\_\_\_** Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Occupation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mother:**\_\_\_\_** Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Occupation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If parents cannot be reached, who should be contacted locally in an emergency?

1. Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Brothers and Sisters (names and ages):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Does your child have the opportunity to play with peers?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Has your child ever attended a preschool or childcare before?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If parents work, what type of care is given the child?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Does your child have any food allergies?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Special fears:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is there other information that will help the teacher have a better understanding of your child?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

301 Marine Blvd.

Jacksonville, NC 28540

(910) 455-4814 ext. 106



# HEALTH FORM

Please fill out form completely.

Name of Child:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date of Birth:**\_\_\_\_\_\_\_\_\_\_\_**

Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cell Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Height:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Weight:**\_\_\_\_\_\_\_\_\_\_\_\_**

Child's Physician:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child's Dentist:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What contagious diseases has your child had or have they been vaccinated for?

Measles:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Chicken Pox:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mumps:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Scarlet Fever:**\_\_\_\_\_\_\_\_\_\_\_\_\_**

Whooping Cough:**\_\_\_\_\_\_\_\_\_\_\_\_**

Is your child subject to nosebleeds?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Does your child wear glasses?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Does your child have a hearing loss?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Does your child have any allergies? Please list.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Does your child have a physical challenge or condition that we should be aware of? Please explain.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Immunizations: Please attach a copy of your child's immunization record.

**To the Physician:** Do you know of any reason why this child should not participate in normal preschool activities, including supervised vigorous outdoor play or any conditions that should limit his/her participation in such activities?

This child was examined by

(Physician's name)

on

(date)

(Physician's Signature)