

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



Trinity Preschool is dedicated to providing early childhood education to 4-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 2020 - 2021 school year.  
Four year olds, 3 days per week (M / W / F 9 - 12 pm)

Fees:

Registration fee (due with application)	<b>\$80.00</b>
Three day class / four year olds	<b>\$190.00 per month</b>

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

Tuition for the months of September and May will be collected prior to the start of school in September. If your child will be dis-enrolling during the school year, please give a 30-day notice prior to the start of the last month your child will attend and the May tuition will be used for that month. If a 30-day notice is not given, May's tuition will be forfeited. This payment may be made by mail or in person.

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):

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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? \_\_\_\_\_

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## 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. \_\_\_\_\_

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Does your child have a physical challenge or condition that we should be aware of?

Please explain. \_\_\_\_\_

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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?

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This child was examined by

\_\_\_\_\_  
(Physician's name)

on

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(Physician's Signature)