

Trinity Baptist Weekday Preschool Registration Form 2022-2023



Date: _____

Child's Name: _____
(Last) (First) (MI)

Gender: _____

Name Child goes by: _____

Date of Birth: _____

Age of child on 8/31/22: _____

Home Address: _____
(Street)

(City)

(State)

(Zip)

Mom's (Or Guardian) Name: _____

Email Address: _____ Cell # _____

Dad's (Or Guardian) Name: _____

Email Address: _____ Cell # _____

Food Allergies: No ____ Yes ____ Please Explain: _____

Payment Method: (Check)____ (Ck #)____ (Amt. Paid)____; (Cash)____ (Amt. Paid)____

(Debit/Credit Card)____ (Visa/Master)____ (Amt. Paid)____;

Classroom Preferences:

(Please be specific and list days enrolled e.g. 1st choice: M,W,F 3s, 2nd choice: M-F 3's)

1st Class Choice: _____

2nd Class Choice: _____

Parent/Guardian Signature: _____ Date: _____

(By signing above, I am stating my understanding and compliance with the registration policies stated on the Registration letter.)

T-Shirt Size Form:

Toddlers: 2-T____ 3-T____ 4-T____, Youth: X-S____ S____ M____ L____

Adults: S____ M____ L____ XL____ 2XL____