



REGISTRATION FORM

CHILD'S NAME:			
First	Middle	Last	Nickname
Gender (F/M)	Date of Birth		Current Age
Home Address			City, State, Zip Code
Child Resides With:			
School District Child Resides In			
PLEASE PRINT CLEARLY:	MOTHER:		FATHER:
Name (First & Last)			
Home Address			
City, State, Zip Code			
Home Phone Number			
Cell Phone Number			
Work Phone Number			
Occupation			
Employer			
Employer's Address			
Email Address			
NAMES AND AGES OF SIBLINGS LIVING AT HOME:			
Name	Relationship	Age	
Name	Relationship	Age	
Name	Relationship	Age	

Are you a member of Trinity United Church of Christ? _____ YES _____ NO

Does your child have any physical needs or conditions the teacher should be aware of? (allergies, skin conditions, etc.) If so, please explain:

Has your child ever worked with a physical, speech or occupational therapist? If so, please explain:

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What type of play does your child enjoy most?

What contacts does your child have with other children?

Please add any further comments you feel will help us to better understand and work with your child:

How did you learn about Trinity UCC Preschool? (friend, newspaper, web, etc.)

Parent/Guardian Signature: _____ Date: _____

SESSION PREFERENCE: Please indicate 1st and 2nd choice of class for your child.

2 YEAR OLD CLASS (Must be 2 by 10/1 or by Director's Approval)	
	Tuesdays 10:00 am-11:25 am (Held in 6-week sessions)
3 YEAR OLD CLASS (Must be 3 by 9/1 or by Director's Approval)	
	Tuesdays/Thursdays 9:00 am-11:30 am
	Tuesdays/Thursdays 12:00 pm-2:30 pm
4 YEAR OLD CLASS (Must be 4 by 9/1 or by Director's Approval)	
	Mondays/Wednesdays/Fridays 9:00 am-11:30 am
	Mondays/Wednesdays/Fridays 12:00 pm-2:30 pm
PRE-K CLASS (Teacher Recommendation)	
	Mondays through Fridays 9:15 am-12:15 pm

Please note the following:

- The teachers will not administer any medication. There will be a first-aid kit in the classroom for minor scrapes and scratches.
- For the AM classes children should arrive no earlier than 8:55 am and be picked up at 11:30 am.
For the PM classes children should arrive no earlier than 11:55 am and be picked up at 2:30 pm.
For the Pre-K class children should arrive no earlier than 9:10 am and be picked up at 12:15 pm.
- **A registration fee of \$40.00 is to be enclosed with this form. The fee will only be returned if your child is not accepted.**
- Tuition is due on the first class of each month. A late fee of \$10.00 will be assessed for any tuition that is not paid by the 5th of each month. Checks should be made payable to: **Trinity UCC Preschool.**
- An additional fee of \$25.00 will be charged for any checks returned from the bank for insufficient funds.

**Registration form and fee should be sent to: Trinity UCC Preschool
ATTN: Preschool Director
200 East Market Street
Hallam, PA 17406-1106**

OFFICE USE ONLY							
DATE RECEIVED: _____	PAID BY: CASH _____			or CHECK # _____			
CHILD PLACED IN: (Circle)	M/W/F AM	M/W/F PM	T/TH AM	T/TH PM	PRE-K	2s	