



## 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:	PARENT / GUARDIAN:	PARENT / GUARDIAN:	PARENT / GUARDIAN:
Name (First & Last)			
Home Address ( <i>if different from above</i> )			
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:

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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?

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What contacts does your child have with other children?

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

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How did you learn about Trinity UCC Preschool?

Family    Friend/Neighbor    Facebook    Website    Online    Newspaper    Flyer/Sign

I attended TUCCP as a child.    My older child/ren attended TUCCP.    Other \_\_\_\_\_

**SESSION PREFERENCE: Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choice of class for your child.**

<b>2 YEAR OLD CLASS (Must be 2 by 10/1 or by Director's Approval)</b>	
	Tuesdays 10:00 am-11:25 am
	Wednesdays 10:00 am-11:25 am
<b>3 YEAR OLD CLASS (Must be 3 by 9/1 or by Director's Approval)</b>	
	Tuesdays/Thursdays 9:00 am-11:30 am
	Tuesdays/Thursdays 12:00 pm-2:30 pm
<b>4 YEAR OLD CLASS (Must be 4 by 9/1 or by Director's Approval)</b>	
	Mondays/Wednesdays/Fridays 9:00 am-11:30 am
	Mondays/Wednesdays/Fridays 12:00 pm-2:30 pm
<b>PREK CLASS (Teacher Recommendation or Director's Approval)</b>	
	Mondays through Fridays 9:15 am-12:15 pm

**PLEASE READ CAREFULLY AND INITIAL:**

<i>Initial</i>	<p><b>ARRIVING/PICKING UP:</b>                  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 PreK class children should arrive no earlier than 9:10 am and be picked up at 12:15 pm.</p>	
<i>Initial</i>	<p><b>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.</b> An additional fee of \$25.00 will be charged for any checks returned from the bank for insufficient funds.</p>	
<i>Initial</i>	<p><b>TUITION:</b> Due on the 15<sup>th</sup> of each month from August to April. Example: September's tuition is due by August 15<sup>th</sup> and so on. A late fee of <u>\$10.00</u> (per week it is late) will be assessed for any tuition that is not paid by the 15<sup>th</sup> of each month. Checks should be made payable to: <b>Trinity UCC Preschool</b>. A parent or guardian who will be responsible for paying the monthly tuition fee will be required to sign a Tuition Contract. <b>NOTE: Due to budgetary requirements, no tuition adjustments can be made for absence due to relocation, vacation, snow days etc.</b></p>	
<i>Initial</i>	<p><b>PHOTO/VIDEO RELEASE:</b> I authorize <b>Trinity UCC Preschool</b> to capture, use, publish, and reproduce photographs, slides, moving pictures, or video for its records, public relations programs, social media, and promotional purposes.</p>	
<i>Initial</i>	<p><b>OUTSIDE PLAY:</b> <input type="checkbox"/> <b>YES</b>, I give my consent for my child to go on walks and play outside with TUCCP.  <input type="checkbox"/> <b>NO</b>, I do <b>not</b> give my consent for my child to go on walks and play outside with TUCCP.</p>	
<i>Initial</i>	<p><b>IMMUNIZATIONS POLICY:</b> All families are asked to provide a copy of their child's immunization record. We prefer that students be immunized in accordance with standard pediatric practice to be considered for admittance to the preschool. It is strongly suggested that students follow the American Academy of Pediatrics recommended immunization schedule and must be kept current. We ask that you provide documentation of such updates. Any deviations from the standard schedule must be documented by your physician with reasons for such deviation. Immunization records must be submitted by the first day of preschool.</p>	
<i>Initial</i>	<p>The teachers will <b>not</b> administer any medication. There will be a first-aid kit in the classroom for minor scrapes and scratches.</p>	
Signature of Parent or Guardian	Printed Name of Parent or Guardian	Date

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

<b>OFFICE USE ONLY</b>		
DATE RECEIVED: _____	INITIALS: _____	
PAID BY:	CASH or CHECK # _____	
CHILD PLACED IN: ( <i>Circle</i> )	TWOs-Tuesdays	TWOs-Wednesdays
	M/W/F AM	M/W/F PM
	T/TH AM	T/TH PM
	PRE-K	