

TRINITY PRESCHOOL REGISTRATION FORM

PLEASE PRINT

Class _____ Reg. Fee _____ Check # _____

Section 1 - Student & Family Information

Child's Name _____ **Date of Birth** _____

Guardian/Mom's Name _____ Cell Phone _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Email address _____

Employer Name _____ Occupation _____

Guardian/Dad's Name _____ Cell Phone _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Email address _____

Employer Name _____ Occupation _____

Baptized YES No **Place of Baptism** _____

Home Status check if any apply

- Parents separated Single
- Parents Divorced Married
- Father Deceased Mother Deceased

Student Lives With:

- Both Parents Step Father
- Father Mother Step Mother
- Other _____

Number of Children in family _____

Boys		Girls	
Older	Younger	Older	Younger

Section 2 - Authorization for Emergencies

List 2 Emergency Contacts for use **ONLY** if the parents cannot be contacted

Name _____ Phone _____

Name _____ Phone _____

List Medical Contacts, In case Of Emergency

Physician _____ Dentist _____

Address _____ Address _____

City _____ St. _____ Zip _____ City _____ St. _____ Zip _____

Phone _____ Phone _____

Hospital _____ Phone _____

Please Complete Both Sides of Form

Section 3 - Child's Health Information

Child's Chronic Medical/Health Needs

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Child's History of Hospitalization:

Child's Disease History:

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Child's Allergies/Treatment:

Child's Dietary Needs/Restrictions:

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Child's Medications:

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***NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE**

Exempt from immunizations because of religious conviction;

Yes

No

Section 4 - Authorized Pick Up

People Authorized to pick up your child (eg. Babysitter, Relative, Friends etc.)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

ANYONE THAT YOU DO **NOT** WISH TO HAVE YOUR CHILD RELEASED TO:

Name _____ Relationship _____

Name _____ Relationship _____

Section 5

If your child has ever attended another preschool please list name of school and year attended.

Tell us how you heard about Trinity Preschool.

Date _____ Signature _____