Trinity Presbyterian Preschool
651 Dranesville Rd. Herndon, VA 20170
Registration Application ~ 2010-2011

CHILD'S NAME_____SEX_____ AGE BY SEPT. 30, 2010_____
First Last

ADDRESS_____
Street City Zip Code

CHILD'S DATE OF BIRTH_____ WHAT DOES CHILD LIKE TO BE CALLED? _____

MOTHER'S NAME_____ HOME PHONE _____

OCCUPATION_____CELL PHONE _____WORK PHONE _____

FATHER'S NAME_____ HOME PHONE _____

OCCUPATION_____CELL PHONE_____ WORK PHONE_____

What language(s) are spoken at home?_____

Names and ages of siblings

_____

If adult other than parent cares for child during the day please complete the following information:

Caregiver's Name _____Phone_____

Does child live with both parents? _____ If not, which address should we use? _____

Previous preschool or daycare experience? _____

I.E.P. on file for educational needs? _____

Trinity Preschool will not administer any medications except for those required in a life-threatening emergency (e.g., EpiPen).

List any allergies or health concerns pertaining to your child_____

CLASS OPTIONS (Please mark two choices - 1st and 2nd)

THREE YEAR-OLD CLASSES: (must be fully toilet trained)

T-TH _____ (3 yrs.- old by Dec. 31, 2010)

T-TH _____ M-W-F _____

FOUR YEAR-OLD CLASSES:

M-T-W-TH _____ M-T-W-TH-F _____

CHECK ONE: Current Student/Sibling _____ Church Member_____ Alumni Family _____ New Student _____

A registration fee of $75.00 per family (check payable to TPP) should accompany this form.
The registration fee is not refundable once a class placement has been made.
Mail your form and fee to: Trinity Preschool, 651Dranesville Rd. Herndon VA 20170