



# NEW FAMILY REGISTRATION FORM 2011-2012

Date: \_\_\_\_\_

Gender: \_\_\_ Boy \_\_\_ Girl

Child's Name: \_\_\_\_\_ Name to be called at school: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Have you attended Trinity Nursery School in the past? \_\_\_\_\_

Will you have more than one child enrolled in our school? \_\_\_\_\_

**Church Membership:** \_\_\_\_\_ or \_\_\_\_\_ **No Affiliation**  
(Name of Church) (City)

<b>Class Option (s):</b>	<b>Minimum Ages</b>	<b>Co-Op</b>	<b>*1/2 Co-op</b>
___ <b>Twos</b> T & Th 9:45 to 12:00 PM	2 yrs by 9/1/2011	_____	N/A
___ <b>T/Th3s</b> T & Th 9:00 to 11:30 AM	3 yrs by 10/1/2011	_____	_____
___ <b>MWF3s</b> M, W & F 9:00 to 11:30 AM	3 yrs by 10/1/2011	_____	_____
___ <b>MWF4s</b> M, W & F 9:00 to 11:30 AM	4 yrs by 11/1/2011	_____	_____
___ <b>PM4s</b> T, W, Th & F 12:45 to 3:15 PM	4 yrs by 11/1/2011	_____	_____

Your class preference will be considered, however, we reserve the right to age & gender balance the classes.

*\*1/2 co-op is only available to families with 2 children in our school.*

### **REGISTRATION FEE:**

Please enclose **\$30.00** per family with this form. An additional \$30.00 will be due upon acceptance to Trinity.

**PLEASE NOTE: THIS FEE IS NON-REFUNDABLE!**

Parent Signature: \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Lottery #: \_\_\_\_\_