



REGISTRATION FORM AND INFORMATION DATA

Please remove this form & submit with registration fee of \$50.00
(Made payable to Trinity Nursery School)

Mail to:
Trinity Preschool
2520 Route 208
Walden, NY 12586

Child's full name _____

Name of parent of guardian _____

Address _____

(Town) _____ (State) _____ (Zip) _____

Telephone _____ Birthday month/day/year _____

Age (by December 1) _____

Parents (check one) married separated divorced

Father's place of employment _____

Occupation Phone _____

Mother's place of employment (if outside the home) _____

Occupation Phone _____

Name and phone number of persons to contact in case of emergency
(other than parent) must be filled in

1. _____

2. _____

(Name) _____ (Phone) _____

I hereby give my consent to call a physician or take my child to the hospital
in the event of an emergency if none of the above can be reached by phone.

Parent's Signature _____

Is mother a member of the church? _____

Name and location _____

Is father a member of the church? _____

Name and location _____

Does your child attend Sunday School? _____

If so, where? _____

Names and ages of brothers and sisters _____

Does child receive extensive care by other than parents? _____

By whom? _____

How does your child react to other children? _____

What is your child's reaction to adults? _____

Previous group experience of child _____

Are there any particular behavioral concerns that you wish us to be aware of?

What helps reassure your child when upset? _____

How would you describe your child's personality? _____

Favorite pastimes and interests _____

Does your child enjoy being read to? _____

Does your child like to sing? _____

What hand is usually used? _____

Use of creative materials such as clay, crayons, scissors, paint: *(please list)* _____

Does your child help in putting away belongings? _____

Dress self? _____

Completely toilet trained? _____ *(Child must be self sufficient in the bathroom.)*

Speech difficulties? _____

Allergies? _____

Why do you wish to send your child to Nursery School? _____

Please add any comments that might further the understanding of your child

Parental Signature _____

Please note: Your signature constitutes your acceptance of the terms and condition listed on each form, and on the "Policy for Payment of Fees" sheet.

Trinity Nursery School makes no discrimination in admissions or determination of enrollment on the basis of race, creed, sex, color, or national origin.

Please check the following:

- 4-year old class (M-T-W) 9-12:00 AM
- 4-year old class (M-T-W-Th-F) 9-12:00 AM

- 3-year old class (M-T-W) 9-12:00 AM
- I would like a (M-T-W-Th-F).Program if offered

TUITION

3 Day Program-\$1250 yearly, \$125 monthly

5 Day Program-\$1600 yearly, \$160 monthly

If afternoon classes were offered, would you be interested?

NUR.REG.1/07