

# Trinity United Methodist Preschool

403 Racetrack Road NW Fort Walton Beach, FL 32547  
 (850) 862-9307 preschool@trinityfwb.org  
 ~ 2018-19 Registration ~

**Please Print Clearly:**

Child's Name \_\_\_\_\_  
First Last Name to be called/written

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
Mo/Day/Year M/F

Child's Address \_\_\_\_\_  
Street City Zip Code

Home Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Father's Employer \_\_\_\_\_ W. Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Mother's Employer \_\_\_\_\_ W. Phone \_\_\_\_\_

Physician/Clinic \_\_\_\_\_ Physician Phone \_\_\_\_\_ Religious Preference \_\_\_\_\_

Medical Problems, Allergies, Other: \_\_\_\_\_

Names and Ages of Other Children in Family: \_\_\_\_\_

English Primary Language of Child? Yes \_\_\_ No \_\_\_

**Potty Trained?** (required for children 3 years and older) Please circle: yes / will be / no

**All Preschool Classes:** 9:00 a.m. – 12:30 p.m. Please check one of the following:

**Pre-Kindergarten** (birthdates - Refer to VPK certificate information) \_\_\_\_\_ **5 days (VPK State Funded)**

**Ages 2-3** (Birthdates 9/2/14- 8/31/16):

\_\_\_\_\_ **5 days M-F: \$230.00**    \_\_\_\_\_ **3 days MWF: \$175.00**    \_\_\_\_\_ **2 days T TH: \$125.00**

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**Monthly/reserved "Lunch Bunch": 12:30 to 2:00** Please circle days: M T W Th F  
*(Fee: \$18.00 per month for each day selected, \$75 per month for all 5 days)*

Daily Drop-ins for **"Lunch Bunch"** will be available on a space available basis *(Fee: \$6 per day)*

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**Monthly/reserved "Early Start": 8:00 to 9:00** Please circle days: M T W Th F  
 Reservations required in advance *(Fee: \$5 per day)*

Please list **local** person(s) other than parents authorized to release your child:

Name(s)	Relationship (friend/relative)	Phone #'s
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Registration Fee:** \$50.00 (For ages 2-3). No registration fee for VPK program. **Tuition:** Subject to change

Signature \_\_\_\_\_  
(parent or legal guardian)

Cash \_\_\_\_\_ Check# \_\_\_\_\_

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

license # C01OK0068