

2016/2017 Registration Form

129 South Houston Rd Warner Robins, GA 31088

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Age as of Sept. 1 st , 2016	
Child's Name	BoyGirl
Date of BirthT Shirt Size	e Allergies
Mother's Name	Work/Cell Phone Number
Father's Name	Work/Cell Phone Number
Street Address	Home Phone
City	Zip Code
Email Address	
Emergency Contact if parents cannot be r	eached:
	nis child. Please see the Director with any additional custody
Family Doctor	Phone
Name and Ages of other children in family	۷
Child's Special Interests	
Special Problems (eyes, ears, kidneys, alle	ergies, fears, etc.)
Additional Information	
Family Church denomination or preference	ce
Church Member: YesNo	
Would you like more information on Trinity U	nited Methodist Church? YesNo

A Registration Form and Registration Fee (\$100.00) is required for ALL students.

Book Fee (\$50) is required for Kindergarten Students Only.

Registration Fees are non-refundable, except in the event of a military move.

Checks should be made payable to Trinity Preschool.

Tuition is due on the first school day of every month (Aug-May, 10 months per year)

2 days per week, available for Tiny Tots	\$95.00/month	\$950.00 yearly
3 days per week, available for Tiny Tots, 2K, and 3K	\$115.00/month	\$1150.00 yearly
5 days per week, available for all ages	\$150.00/month	\$1500.00 yearly

Please indicate your class preference. (Child's age as of Sept. 1, 2016_____)

6-24 months 2 years olds 3 year olds 4 year olds Kindergarten

Please indicate your days per week preference:

2 days/week	3 days/week	5 days/week
Tues/Thurs	M, W, F or T, W, Th	M-F

If tuition is paid in advance for the entire year, a 10% discount is given. (Must be received by Sept. 1, 2016)

Preschool hours are 9:00am-noon each day.

Students enrolled in 5K will attend 8:30-12:15 each day. Aftercare is available T, W, and Th.

My child may participate in all activities and excursions planned. I understand that precautions will be taken for his or her safety, and I will not hold the Preschool, Church, or staff responsible in case of accident. I will furnish an up to date Immunization certificate at least two weeks before school starts.

Signed____

_____Date_____

Periodically Trinity Preschool publishes printed material, prepares Power Point presentations and updates websites and/or Facebook. Names of students are not used. Please sign below if you do **NOT** give permission to use your child's photo.

Signed

Date

Please help us with class planning. Are you also participating in the Public School lottery for a 4K spot? Yes______No_____