



**REGISTRATION FORM & STUDENT INFORMATION**

Submit this form and non-refundable registration fee of \$50.00  
(Checks can be made payable to "Trinity Preschool")

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

- or- E-Mail form to: [TPSdirector@gmail.com](mailto:TPSdirector@gmail.com)
- or- Place form & fee in the black locked mailbox  
in front of the church office window.

**Questions?** Call Pamela Burns, director, at (845) 778-7057

CHILD'S FULL NAME \_\_\_\_\_

NAME OF PARENT(S) \_\_\_\_\_

E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

TEXT ALERTS? (DELAYS/CANCELLATIONS)  Yes  No **MOBILE CARRIER** \_\_\_\_\_  
Required for text alerts

BIRTHDAY \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE (by December 1) \_\_\_\_\_

PARENTS  married  unmarried  divorced  separated

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PHONE \_\_\_\_\_

**\*MUST BE FILLED IN\*** EMERGENCY CONTACTS  
(OTHER than parent- parent will ALWAYS be contacted first)

1. \_\_\_\_\_

2. \_\_\_\_\_  
Name Phone Relationship

Pediatrician \_\_\_\_\_ 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 Signature(s) \_\_\_\_\_

List ALL **allergies** (food, drug, or seasonal) and their reactions and any medications and/or treatments. Epi-pen? Y / N

\_\_\_\_\_

Does your child receive extensive care by someone other than parents? Y / N By Whom? \_\_\_\_\_

Who is permitted to pick up your child from school? \_\_\_\_\_

\_\_\_\_\_

Is mother a member of a church? \_\_\_\_\_

Is father a member of a church? \_\_\_\_\_

Does your child attend Sunday School? If so, where?  
\_\_\_\_\_

Has your child had group experiences with other children? Y / N  
Describe \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

\_\_\_\_\_

How does your child react to other children? \_\_\_\_\_

\_\_\_\_\_

What is your child's reaction to new adults? \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

What helps reassure your child when upset? \_\_\_\_\_

\_\_\_\_\_

Are there any particular behavioral or other concerns that you wish us to be aware of? \_\_\_\_\_

\_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

\_\_\_\_\_

Has your child had any evaluations? Early intervention? Speech or occupational therapy? \_\_\_\_\_

\_\_\_\_\_

Does your child enjoy being read to? .....Y / N

Does your child like to sing? .....Y / N

Dress his/her self? .....Y / N

Help put away belongings? .....Y / N

Which hand is usually used? .....R / L

Toilet trained? .....Y / N

Notes \_\_\_\_\_

What are you child's favorite pastimes and interests?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Trinity Preschool?

Trinity's Church Sign  Banner  Friend/Family Referral

Who should we thank? \_\_\_\_\_

Online Search Engine? Which one? \_\_\_\_\_

Ad in publication? Which one? \_\_\_\_\_

Poster in business? Which one? \_\_\_\_\_

Other \_\_\_\_\_

### **Classes:**

Half-Day Kindergarten (M-F)

4-year-old (M-T-W-Th-F)

4-year old (M-W-F)

3-year old (M-W-F)

3-year old (T-Th)

### **All classes meet from 9am – 11:55am**

Class availability is based on enrollment.  
10 students are needed to ensure the class.  
Children should turn 3, 4, or 5 by Dec 1<sup>st</sup>

## Tuition

2 Days– \$1150/year (\$115/ month for 10 mos)

3 Days – \$1400/year (\$140/ month for 10 mos)

5 Days – \$1950/year (\$195/ month for 10 mos)

## Payment Plan Options

(please choose one)

- 10 cash or check payments due on the 1<sup>st</sup> (Sept-June)
- 10 monthly payments by auto draft (\$50 discount)
- 2 Semester Payments due Sept 1 and Feb 1 (\$50 discount)
- One full payment with \$100 discount by September 1<sup>st</sup>

## Discounts Available

- **\$100 off** full tuition when paid IN FULL for the year
- **\$5 discount per month** for tuition paid via recurring monthly auto-draft (form available at [TLCinWalden.com/Preschool/Forms](http://TLCinWalden.com/Preschool/Forms))
- 2 semester payments (**\$25 off** each payment)
- **25%** discount for members of Trinity Lutheran Church or pastor's child of local church
- Sibling discount available (25% off lowest tuition)
- 50% of SCRIP gift card earnings offset tuition

***Your signature constitutes your acceptance of the terms of your chosen payment plan. A \$10 late fee will be due after the 15<sup>th</sup> of the month for the monthly payment plan.***

Parent Signature(s) \_\_\_\_\_

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

