



## Trinity Christian Preschool Application 2024-2025

Student's Name: \_\_\_\_\_

Please note that the application fee of \$100 (non-refundable) is required with the submission of your application. Supplemental materials must also be submitted before acceptance. (see Admissions Process)

### 3-Year-Old Program (must be 3 by December 31, 2024)

Half Days (7:45AM-12:00PM)

5 Days - Monday-Friday

3 Days - Tuesday, Wednesday, Thursday

Full Days (7:45AM-3:00PM)

5 Days - Monday-Friday

3 Days - Tuesday, Wednesday, Thursday

### 4-Year-Old Program (must be 4 by December 31, 2024)

Half Days (7:45AM-12:00PM)

5 Days - Monday-Friday

Full Days (7:45AM-3:00PM)

5 Days - Monday-Friday

### Eagles' Nest Before-Care (7:00-7:45 AM)

Monday

Tuesday

Wednesday

Thursday

Friday

### Eagles' Nest After-Care (3:00-5:30 PM)

Monday

Tuesday

Wednesday

Thursday

Friday

How did you hear about us?

\_\_\_\_\_

Why would you like your child to attend Trinity Christian Preschool?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Applicant Information

Student (Last, First Middle): \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthplace (City, State, Country): \_\_\_\_\_

If applicant is not a U.S. citizen please provide I-95, Passport number, or Immigration number.

Student's Home Address

Street: \_\_\_\_\_ Apt. or Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student's Primary Language Spoken: \_\_\_\_\_

Ethnicity (check all that apply - for State reporting purposes only):

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian           | <input type="checkbox"/> Hispanic or Latino                        |
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White                                     |

## Parent/Guardian Household

Student lives with:  Both Parents  Mother  Father  Other Individual/Guardian

Other Individual/Guardian Relationship to child (if applicable): \_\_\_\_\_

Are there any special custody provisions?  Yes  No

If yes, appropriate legal documentation is required.

### First Parent/Guardian

Salutation:  Miss  Ms.  Mrs.  Mr.  Dr.  Rev.

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address

Street: \_\_\_\_\_ Apt. or Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_

Employment

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address (Street, City, State): \_\_\_\_\_

