

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)			<u>Full Days</u> (7:45AM-3:00PM)
□5 Days - Monday-Friday			☐5 Days - Monday-Friday
\square 3 Days - Tuesday, Wednesday, Thursday			\square 3 Days - Tuesday, Wednesday, Thursday
4-Year-Old Program (must be 4 by December 31, 2024)			
Half Days (7:45AM-12:00PM)			Full Days (7:45AM-3:00PM)
□5 Days - Monday-Friday			☐5 Days - Monday-Friday
Eagles' Nest Before-Care (7:00-7:45 AM)			
\square Monday	\Box Tuesday	☐Wednesday ☐Thurs	day 🗆 Friday
Eagles' Nest After-Care (3:00-5:30 PM)			
\square Monday	\Box Tuesday	□Wednesday □Thurs	day 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: \square Male Date of Birth: _____/____ □Female 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): ☐ American Indian ☐ Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander \square Asian □White ☐ Black or African American Parent/Guardian Household Student lives with: ☐ Both Parents \square 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 \square Mrs. \square Mr. □Dr. Salutation: □Miss □Ms. \square Rev. Full Name: ______ Relationship to Student: _____ Cell Phone: Home Phone: _____ Address

Work Phone: Street: _____ Apt. or Unit #: _____ City: ______ State: _____ Zip Code: _____ Primary Language Spoken: **Employment** Occupation: _____ Phone: _____ Phone: _____ Employer Address (Street, City, State): Trinity Christian Preschool 2024-2025

Second Parent/Guardian (leave blank if not applicable) Salutation: \square Miss \square Ms. \square Mrs. \square Mr. \square Dr. \square Rev. Relationship to Student: Full Name: Email: Cell Phone: Home Phone: Work Phone: Address Street: _____ Apt. or Unit #: _____ City: ______ State: _____ Zip Code: _____ Primary Language Spoken: _____ **Employment** Occupation: _____ Phone: _____ Employer Address (Street, City, State): **Siblings** Please list any brothers or sisters: Name **Grade/School Attending** Age

Thank you for your interest in Trinity Christian Preschool. After your application has been reviewed and acceptance has been confirmed, you will receive an acceptance letter and our Student Services Coordinator will contact you with more information.

Date

Date

Parent/Guardian Signature

Parent/Guardian Signature

Trinity Christian Preschool is a ministry of Trinity Church.

Trinity Christian Preschool admits students of any race, color, and national or ethnic origin.

Trinity Christian Preschool is committed to a comprehensive program of academic excellence and spiritual vitality, anchored in Christian values with the person of Jesus Christ as the central focus.