



**PRESCHOOL REGISTRATION
2024-2025**

Please mark your choice below:

Class	2 Day	3 Day	4 Day
Monthly Fee	\$165	\$185	\$205
1-year olds			
2-year-olds			
3-year-olds			
4-year-olds			

Student's Name: _____

Name to be Called: _____ Date of Birth: _____

How did you hear about Trinity Episcopal Preschool? _____

Mother/Guardian Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Employer: _____ Work Phone: _____

Father/Guardian Name: _____ Phone: _____

Address (if different from above) _____ City: _____ Zip: _____

Email Address: _____

Employer: _____ Work Phone: _____

Child resides with: Mother Father Both

I understand that if tuition is not paid by the 15th of the month, a late fee of \$10 will be imposed.

Signature of parent or guardian: _____ Date: _____

\$ 160.00 per family non-refundable registration fee must accompany application.

FOR OFFICE USE ONLY:

Payment Method: Cash Check (# _____) PayPal

Received: Date: _____ Time: _____ Class: _____