

TRINITY EPISCOPAL PRESCHOOL

Registration 2022-2023

Full Name _____

Boy _____ Girl _____ Name to be called _____

Birthday _____ Age _____

Mom's Name & Number _____

Dad's Name & Number _____

Address _____

City _____ Zip _____

Home Phone _____

E-Mail _____

Child's Insurance Company _____

Policy # _____ Phone#: _____

Mom's Work Place &
Number _____

Dad's Work Place &
Number _____

PLEASE CIRCLE THE CLASS FOR WHICH YOU WISH TO ENROLL.*

2 DAY ONE'S (M-W) OR (T-TH)

3 DAY ONE'S (Circle days)

M T W TH

4 DAY ONES

2 DAY TWO'S (M-W) OR (T-TH)

3 DAY TWO'S (Circle days)

M T W TH

4 DAY TWO'S

3 DAY THREE'S

(Circle days)

M T W TH

4 DAY THREE'S

4 DAY FOUR'S

***We follow the NC public school birth date cutoff to determine classes. Your child must turn the age of the class for which you wish to enroll by Aug. 31st.**

Does your child take medication daily? _____

Does your child have any known allergies to medications, bees, foods, etc.? If yes, please list _____
