

TRINITY PRESCHOOL AND KINDERGARTEN

333 Woodland Ave.
San Rafael, CA 94901
Phone 415 453-4526

www.Trinitypreschool.com
email: Trinityforkids@sbcglobal.net
Fax 415 454-6230

ENROLLMENT APPLICATION for _____ School year

Name of child _____ Sex M / F Date of birth _____

What name do you prefer we call your child? _____

Address _____ Phone _____

Street City Zip

Email address (optional) _____

Name of parents _____

Father Mother

Cell phone(s) _____

Father's occupation _____ Phone _____

Mother's occupation _____ Phone _____

Number of children in home _____ Names and birth dates _____

Are you a member of a church? _____ Where? _____

Would you like information on Trinity Lutheran Church? Yes _____ No _____

If possible, I would like my child placed with _____

PLEASE CHECK DAYS PREFERRED UNDER APPROPRIATE CLASS:

3's CLASS: 9am-12pm (Children will be placed according to age)
____ 2 days T, Th. ____ 3 days M, W, F. ____ 5 days M-F.

4's CLASS: 9am-12pm (Children will be placed according to space availability and age)
Choose 1 set of days and mark 1st & 2nd choice for day combinations
____ 2 days ____ 3 days ____ 4 days ____ 5 days
____ M, T, F ____ M-Th
____ M, W, Th ____ M,T,W,F
____ M, W, F ____ M,T,Th,F
____ T, Th, F ____ T-F

KINDERGARTEN: 9am-12pm (Children turning 5 years old by December 2nd)
____ 5 days M-F

A \$50.00 non-refundable registration fee is required to complete this application.

Agreed _____ Date _____
Parent's signature

OFFICE USE Registration Paid: _____ Date: _____