

TRINITY PRESCHOOL AND KINDERGARTEN

333 Woodland Ave. San Rafael, CA 94901 ** 415.453.4526 ** trinityforkids@sbcglobal.net

fax 415.454.6230 ** www.trinitypreschool.com

ENROLLMENT APPLICATION for _____ School year

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

What name do you prefer we call your child? _____

Mailing Address _____

Email address _____ Home Phone _____

Parent #1 Name _____ Cell Phone _____

Occupation _____ Phone _____

Parent #2 Name _____ Cell Phone _____

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 space availability and age)

Mark 1st, 2nd, and 3rd choice for day combinations.

_____ 2 days T, Th _____ 3 days _____ 4 days _____ 5 days

- _____ M, T, F
- _____ M, W, Th
- _____ M, W, F
- _____ T, Th, F
- _____ M, T, Th
- _____ M-Th
- _____ M,T,W,F
- _____ M,T,Th,F
- _____ T-F

4's CLASS: 9am-12pm (Children will be placed according to space availability and age)

Mark 1st, 2nd, and 3rd choice for day combinations.

_____ 2 days T, Th _____ 3 days _____ 4 days _____ 5 days

- _____ M, T, F
- _____ M, W, Th
- _____ M, W, F
- _____ T, Th, F
- _____ M, T, Th
- _____ M-Th
- _____ M,T,W,F
- _____ M,T,Th,F
- _____ T-F

TRANSITIONAL KINDERGARTEN: 9am-12pm (Children turning 5 years old by December 1st)

_____ 5 days M-F

A \$75.00 non-refundable registration fee is required to complete this application.

Agreed _____ Date _____

Parent's signature

OFFICE USE Registration Paid: _____ Date: _____