

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 _____ Date of birth _____

What name do you prefer we call your child? _____

Mailing Address _____

Parent #1 Name _____ Cell Phone _____

Occupation _____ Phone _____

Email _____

Parent #2 Name _____ Cell Phone _____

Occupation _____ Phone _____

Email _____

Number of children in home _____ Names and birth dates _____

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-Th
____ M, W, Th ____ M,T,W,F
____ M, W, F ____ M,T,Th,F
____ T, Th, F ____ T-F
____ M, T, Th

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-Th
____ M, W, Th ____ M,T,W,F
____ M, W, F ____ M,T,Th,F
____ T, Th, F ____ T-F
____ M, T, Th

TRANSITIONAL KINDERGARTEN: 9am-12pm (Children turning 5 years old by January 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: _____