

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 (billing contact) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent #2 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Number of children in home \_\_\_\_\_ Names and birth dates \_\_\_\_\_

PLEASE CHECK DAYS PREFERRED UNDER APPROPRIATE CLASS:

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

**Mark 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> 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 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> 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: \_\_\_\_\_