

TRINITY PRESCHOOL

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

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 _____

If possible, I would like my child placed with _____

PLEASE CHECK DAYS PREFERRED UNDER APPROPRIATE CLASS:

Children will be placed according to space availability and age

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

___ **2's CLASS** *or* ___ **3's CLASS**

___ 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** *or* ___ **5's CLASS**

___ 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

A \$100.00 non-refundable registration fee is required to complete this application.

Agreed _____ Date _____
Parent's signature

OFFICE USE Registration Paid: _____ Date: _____