

TRINITY PRESCHOOL AND KINDERGARTEN

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ENROLLMENT APPLICATION for _____ School year

Name of child _____ M / F 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 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 \$100.00 non-refundable registration fee is required to complete this application.

Agreed _____ Date _____

Parent's signature

OFFICE USE Registration Paid: _____ Date: _____