

**Trinity Christian Pre-School  
Pre-School Registration Form**

20\_\_ - 20\_\_

**Child's Name** \_\_\_\_\_ M or F    Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Siblings (Name and Age) \_\_\_\_\_

Email address \_\_\_\_\_

**Does your child receive any early intervention services?** (Please check all that apply)

Speech _____	Occupation Therapy _____
Physical Therapy _____	Special Needs _____
Other Services _____	I E BOCES _____

**Parent Signature** \_\_\_\_\_

Family Church Membership \_\_\_\_\_

Church Address \_\_\_\_\_

Is your child baptized?    Yes    or    No

**YOUR CHILD MUST BE 3 YEARS OLD ON OR BEFORE DECEMBER 1<sup>ST</sup>**

Tuesday/Thursday (9:00 – 11:30)

**Tuition**

**\$1,080/Year**

Drop off or mail registration and non-refundable registration fee of \$65.00 to:

**Trinity Christian Pre-School  
C/O Registrar  
191 Nichols Street  
Spencerport, New York 14559  
352-3143**