

**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 4 YEARS OLD ON OR BEFORE DECEMBER 1ST

Monday/Wednesday/Friday (9:00 – 11:45)

Tuition

\$1,350/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