

TRINITY EPISCOPAL PRESCHOOL



207 West Main Street, Moorestown, NJ 08057

Tel. (856) 235-1840 Fax (856) 235-2187

PRESCHOOL REGISTRATION APPLICATION

CHILD'S FULL NAME _____

DATE OF BIRTH ____/____/____ SEX (Please circle) M F

MOTHER'S NAME _____

ADDRESS _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMPLOYER _____ DEPT./POSITION _____



FATHER'S NAME _____

ADDRESS (if different) _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMPLOYER _____ DEPT./POSITION _____

PLEASE LIST OTHER FAMILY MEMBERS IN HOUSEHOLD (Siblings, grandparents, etc.):

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

EMERGENCY CONTACT INFORMATION

PLEASE LIST PEOPLE WHO ARE AUTHORIZED TO ASSUME RESPONSIBILITY FOR YOUR CHILD IF YOU ARE NOT AVAILABLE:

NAME _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____



NAME _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____



NAME _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

MEDICAL HISTORY

PLEASE LIST ALL KNOWN ALLERGIES: _____

PHYSICAL LIMITATIONS: _____

ENROLLMENT INFORMATION

START DATE FOR ENROLLMENT: _____

PROGRAM SELECTION (please check one):

- | | | |
|---|----------------------------|--------------|
| _____ Mom's Morning Out (2 ½ year olds) | Tuesdays & Thursdays | 9:15 – 11:15 |
| _____ Preschool Program (3 year olds) | Tuesdays & Thursdays | 9:15 - 11:45 |
| _____ Preschool Program (3 year olds) | Tuesdays & Thursdays | 12:30 - 3:00 |
| _____ Preschool Program (3 year olds) | Mondays/Wednesdays/Fridays | 9:15 – 11:45 |
| _____ Preschool Program (3 year olds) | Mondays/Wednesdays/Fridays | 12:30 – 3:00 |
| _____ 3 Day PRE-K (4 & 5 year olds) | Mondays/Wednesdays/Fridays | 9:15 - 11:45 |
| _____ 4 or 5 Day Pre-K (4 & 5 year olds) | Mondays through Fridays | 9:15 – 11:45 |
| _____ 3, 4, 5 Day Pre-K (4 & 5 year olds) | Mondays through Fridays | 12:30 – 3:00 |
| _____ Transitional Kindergarten | Monday through Friday | 9:00 – 12:00 |

BY SIGNING BELOW I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT AND THAT IN THE EVENT OF AN EMERGENCY, I AUTHORIZE TRINITY EPISCOPAL PRESCHOOL TO SEEK EMERGENCY MEDICAL TREATMENT FOR MY CHILD AS DEEMED NECESSARY BY THE DIRECTOR. I ALSO ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND FULLY UNDERSTAND THE DOCUMENTS TITLED INFORMATION TO PARENTS AND THE EXPULSION POLICY.

SIGNATURE OF PARENT/GUARDIAN _____

DATE ____/____/____