

FIRST TRINITY PRESCHOOL FirstTrinityPreschool.com 1570 Niagara Falls Boulevard, Tonawanda, NY 14150 (716) 835-2220 Laura Horn, Director <i>lhorn@FirstTrinity.com</i>	2021-22
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APPLICATION FOR ENROLLMENT (Please give complete information.)

Class Applying For:	<input type="checkbox"/> 4 Yr M - F	<input type="checkbox"/> 3 Yr M/W/F	<input type="checkbox"/> 2 Yr M/W
	<input type="checkbox"/> 4 Yr M/W/F	<input type="checkbox"/> 3 Yr T/Th	<input type="checkbox"/> 2 Yr T/Th
			<input type="checkbox"/> 2 Yr F

Tuition Payment Preference: 1 Yearly Payment 2 Semester Payments 6 Monthly Payments

Child's Last Name	Child's First Name	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City	State	Zip
Home Phone	Date of Birth	Child Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Enrollment in other activities/classes:		Language spoken in child's home. <input type="checkbox"/> English <input type="checkbox"/> Other _____	
Is child receiving any type of therapy? If so, what type?		How did you hear about our preschool?	

Sibling's Names & Dates of Birth: _____

FATHER INFORMATION

Father's Name	Home Phone (If different)	Cell Phone	Preferred Number to Contact <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other _____
Home Address (If different from Child's)	Email Address		Employer

MOTHER INFORMATION

Mother's Name	Home Phone (If different)	Cell Phone	Preferred Number to Contact <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other _____
Home Address (If different from Child's)	Email Address		Employer

CHURCH INFORMATION

Name of Church Attending	Baptismal Date
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MEDICAL INFORMATION

Hospital Choice (If needed) _____

Allergies, Birth Marks or Health Factors your child may have: _____

REQUIRED PARENT PERMISSION

Child's name, address, phone number, & birthday may be used on class roster for your Preschool Class families only. Yes No

Parent Permission To Photograph I give the First Trinity Preschool staff permission to use photographs/videotapes of my child for hallway displays, newsletters, pamphlets, Facebook, and website. I understand that my child's name will NOT be used with any of the above and that the pictures and articles are intended to project a positive image of the program. Yes No

Medical Waiver: In the event that injury or illness needs immediate attention and emergency contacts cannot be contacted, I hereby authorize the school to arrange transportation to the nearest hospital, which may render emergency treatment. In my absence, I give my consent to the physician to do whatever is deemed necessary to insure the safety of the above named child. Yes No

Parent/Guardian Signature: _____ **Date:** _____

- Instructions:**
- ◆ Complete and sign this form.
 - ◆ A non-refundable registration fee of \$75 per family must accompany this application.
 - ◆ Tuition payments are due to the office as per the tuition schedule. **Checks payable to: First Trinity Preschool.**
 - ◆ Medical Statement & Immunization Record (dated on or after September 2020) are due at the First Class.