

TRINITY NURSERY SCHOOL REGISTRATION FORM

(Please **print** legibly)

CLASS PREFERENCE

(please specify 1st and 2nd choice)

Tuesday/Thursday Classes

_____ 3 year old AM class _____ 3 year old PM class
(9:30 AM – 11:30 AM) (12:30 PM – 2:30 PM)
\$91/month (\$819/year)

_____ 4 year old AM class _____ 4 year old PM class
(8:45 AM – 11:15 AM) (12:15 PM – 2:45 PM)
\$114/month (\$1,026/year)

Monday/Wednesday Friday Classes

_____ 5 year old AM class _____ 5 year old PM class
(8:45 AM – 11:15 AM) (12:15 PM – 2:45 PM)
\$160/month (\$1,440/year)

_____ 4 year old AM class _____ 4 year old PM class
(9:15 AM – 11:45 AM) (12:45 PM – 3:15 PM)
\$160/month (\$1,440/year)

Monday/Wednesday Classes

_____ Two & You 1 (8:30 AM – 10:00 AM) _____ Two & You 2 (10:30 AM – 12:00 PM)
\$63/month (\$567/year)

STUDENT INFORMATION

Full Name: _____ Nickname: _____

Age: _____ Sex: _____ Birth date: _____ Has this child previously attended Trinity Nursery School? _____

Church Affiliation: _____ Has a sibling attended? _____ Year(s): _____

PARENT INFORMATION

Father's Name: _____ Cell Phone _____ Home Phone _____

Father's Address: _____ City/State _____ Zip _____

Father's Occupation: _____ Employer: _____ Phone: _____

Mother's Name: _____ Cell Phone _____ Home Phone _____

Mother's Address: _____ City/State _____ Zip _____

Mother's Occupation: _____ Employer: _____ Phone: _____

Mother's E-Mail Address _____ Father's E-Mail Address _____

FAMILY INFORMATION

List **ALL** persons (including parents) living in the household.

NAME	RELATIONSHIP TO CHILD	BIRTHDATE (IF SIBLING)

EMERGENCY NUMBERS

Please list at least four emergency contacts (**including parents**) in the order in which you prefer calls to be made.

NAME	RELATIONSHIP TO CHILD	PHONE	CELL PHONE

TRINITY NURSERY SCHOOL REGISTRATION FORM

(continued)

PERSONAL RECORD

Has your child had any experience in an organized group (school, daycare, sports, playgroup, etc.)? ____ Yes ____ No

If yes, briefly describe: _____

How did your child handle this experience? _____

How does your child adjust to...

New situations? _____

New adults? _____

New children? _____

What are your child's play interests? _____

What are the ages of your child's playmates? _____ What pets are in your home? _____

Does your child have asthma or allergies (please identify things that trigger reaction, be specific) _____

Does your child have any specific fears? _____

If so, how do you usually handle these with your child? _____

Have there been any recent changes that may affect your child's adjustment to nursery school (birth/death, move, separation/divorce, etc.)? _____

Are there any extended family members that your child may refer to in school (step-relatives, half siblings, "adopted" grandparents, etc.)? _____

What problems if any do you anticipate at the beginning of the school year? _____

Is your child independent with bathroom self-help skills? ____ Yes ____ No

ADDITIONAL INFORMATION

Does any family member have an occupation or hobby that they would be willing to share with the class? ____ Yes ____ No

If yes, please specify: _____

Would you be interested in learning more about becoming the parent representative for your child's class? ____ Yes ____ No

It is the parents' responsibility to notify the school in writing if any information on this form should change during the school year. Current information is essential to the welfare of your child.

Our signature on this form indicates that we wish to enroll our child and have read, understand, and intend to comply with the Operational Policy of Trinity Nursery School.

**Please include a \$50.00 non-refundable registration fee (per student) with the registration form.
Fee should be in the form of check or money order payable to Trinity Nursery School. No cash please!**

Mother (Guardian) date

Father (Guardian) date

**Please MAIL form and payment to
Trinity Nursery School, 116 York Street, Hanover, PA 17331
717-637-2126 trinitynurseryhanover@gmail.com**