

# TRINITY NURSERY SCHOOL REGISTRATION FORM

(Please **print** legibly)

## CLASS PREFERENCE

(please specify 1<sup>st</sup> and 2<sup>nd</sup> 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)**

\$101/month (\$909/year)

\_\_\_\_ 4 year old AM class    \_\_\_\_ 4 year old PM class  
**(8:45 AM – 11:15 AM)**    **(12:15 PM – 2:45 PM)**

\$126/month (\$1,134/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)**

\$175/month (\$1,575/year)

\_\_\_\_ 4 year old AM class    \_\_\_\_ 4 year old PM class  
**(9:15 AM – 11:45 AM)**    **(12:45 PM – 3:15 PM)**

\$175/month (\$1,575/year)

### Monday/Wednesday Classes

\_\_\_\_ Two & You 1 **(8:30 AM – 10:00 AM)**\_\_\_\_ Two & You 2 **(10:30 AM – 12:00 PM)**

\$70/month (\$630/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: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ 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

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(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