

2024-2025 REGISTRATION FORM Trinity Presbyterian Church Preschool

To Be Filled Out By Office Staff:

| | r: Registration Paid: Registration Paid: | | | | |
|--|---|--|--|---|--------------------------------|
| | | | | | |
| | Fee is due with this form. cash or check. Registration | | | ation has been p | oaid. Registration must |
| CTAITT AT | | | | | |
| | , INFORMATION: of Child: | | | | |
| Name used | at home: | Age: | Sex: | Birth date | • |
| Address: _ | | | | | |
| Mother's N | lame: | Mothe | er's Cell: | | |
| Occupatio | n: | Place o | f Employment: _ | | |
| Father's Na | ame: | Father | 's Cell: | | |
| Occupatio | n: | Place o | of Employment: _ | | |
| Primary Em | ail Address: | | | | |
| 2024 Si Monday Summer ea 2024-20 *All stude You may a Choose a f Monday I will u | hecked, we will assume particles of the control of | gistration Fee) Vednesday here is no late room FAR (\$100 Registred to attend on our lesired. If you are on on. This allows for convedencesday Thus regularly In | primary currico ly enrolling for 2 ensistency in the ursday Frienay use early and | ulum days Mc 2 days for 2 at e classroom. T day /or late room c | nd under, please Thank you! |
| Comments | on early/late room use: _ | | | | |
| | rs ose how you plan to pay ail Address (if different | | | | |

| | TION: | | | | | | |
|--|--|---|--|--|--|--|--|
| Persons authorized to act fo | r parents in case of an emergency: | | | | | | |
| Relationship to Child:Phone: | | | | | | | |
| RELIGIOUS AFFILIATION: | | | | | | | |
| amily Church: Address: | | | | | | | |
| | | | | | | | |
| CHILD'S MEDICAL HIST | ORY | | | | | | |
| Pediatrician: | Office Phone: | | | | | | |
| ediatrician: Office Phone: ist name of insurance covering child: | | | | | | | |
| Policy #: | | | | | | | |
| Children must have started i | mmunizations to begin preschool. No ex | vemntions are accepted | | | | | |
| | s/her immunizations: Yes Delayed: | | | | | | |
| 13 your clinia up to agec of the | Syller millionizacions. Tes Delayed. | If Delayed, start date | | | | | |
| List any allergies your Child m | ay have and the treatment for each (fo | od. skin. medications, etc.): | | | | | |
| Die din dile 2100 / car cinia in | dy have and the tregation for each the | ea, 6.411, 1116a16g (16118, 6.661). | | | | | |
| | | | | | | | |
| | ing your child's grouph intorpotion both | navior at preschool. This includes any | | | | | |
| Identify any matters concerni | ing your child's growth, interaction, per | 191101 90 6100110011 11110 111014400 9117 | | | | | |
| | ve with speech, sensory, hearing, etc. : | igurer de presenteen. Hine molades div | | | | | |
| | | igvier ge presenteen. Tine metades gin | | | | | |
| difficulties your child may ha | ve with speech, sensory, hearing, etc. : | | | | | | |
| difficulties your child may ha | | | | | | | |
| difficulties your child may ha | ve with speech, sensory, hearing, etc. : | | | | | | |
| difficulties your child may ha | ve with speech, sensory, hearing, etc. : Cial or extreme fears? (for example: thu | | | | | | |
| difficulties your child may ha | ve with speech, sensory, hearing, etc. : Cial or extreme fears? (for example: thu | | | | | | |
| difficulties your child may ha | ve with speech, sensory, hearing, etc. : Cial or extreme fears? (for example: thu | | | | | | |
| difficulties your child may ha | ve with speech, sensory, hearing, etc. : Cial or extreme fears? (for example: thu ses your child has had: | nderstorms, loud noises, dark, etc.): | | | | | |
| difficulties your child may had been been been been been been been bee | ve with speech, sensory, hearing, etc.: Cial or extreme fears? (for example: thu ses your child has had: Hemophilia | nderstorms, loud noises, dark, etc.): Hay Fever | | | | | |
| difficulties your child may had been been been been been been been bee | ve with speech, sensory, hearing, etc.: Cial or extreme fears? (for example: thu ses your child has had: Hemophilia Mumps Asthma | nderstorms, loud noises, dark, etc.): Hay Fever Rubella | | | | | |
| difficulties your child may had been been been been been been been bee | ve with speech, sensory, hearing, etc.: Cial or extreme fears? (for example: thu Ses your Child has had: Hemophilia Mumps | nderstorms, loud noises, dark, etc.): Hay Fever Rubella | | | | | |
| Does your child have any spect Indicate any childhood diseas Chicken Pox Diabetes Tubes in ears Scarlet Fever | ve with speech, sensory, hearing, etc.: Cial or extreme fears? (for example: thu Ses your Child has had: Hemophilia Mumps Msthma Seizures | nderstorms, loud noises, dark, etc.): Hay Fever Rubella | | | | | |
| difficulties your child may had been been been been been been been bee | ve with speech, sensory, hearing, etc.: Cial or extreme fears? (for example: thu Ses your Child has had: Hemophilia Mumps Msthma Seizures | nderstorms, loud noises, dark, etc.): Hay Fever Rubella Other: | | | | | |
| difficulties your child may had been been been been been been been bee | ve with speech, sensory, hearing, etc.: Cial or extreme fears? (for example: thu Ses your Child has had: —— Hemophilia —— Mumps —— Asthma —— Seizures —— Measles | nderstorms, loud noises, dark, etc.): Hay Fever Rubella Other: | | | | | |
| difficulties your child may had been been been been been been been bee | ve with speech, sensory, hearing, etc.: Cial or extreme fears? (for example: thu ses your child has had: Hemophilia Mumps Asthma Seizures Measles Suffers frequently from any of the follo | nderstorms, loud noises, dark, etc.): Hay Fever Rubella Other: | | | | | |
| Does your child have any specements Indicate any childhood diseas Chicken Pox Diabetes Tubes in ears Scarlet Fever Hepatitis Indicate whether your child so Yomiting | ve with speech, sensory, hearing, etc.: Cial or extreme fears? (for example: thu Ses your Child has had: ——————————————————————————————————— | mderstorms, loud noises, dark, etc.): Hay Fever Rubella Other: Other: Stomach Ache | | | | | |
| Does your child have any special may have any special may be any child have any special may be any special m | cial or extreme fears? (for example: thu ses your Child has had: Hemophilia Mumps Seizures Measles suffers frequently from any of the follo Earaches High Fever | mderstorms, loud noises, dark, etc.): Hay Fever Rubella Other: Stomach Ache Constipation | | | | | |
| Does your child have any specements Does your child have any specements Indicate any childhood diseas Chicken Pox Diabetes Tubes in ears Scarlet Fever Hepatitis Indicate whether your child s Tonsillitis Vomiting FAMILY SITUATION: Please inform us of any family | ve with speech, sensory, hearing, etc.: Cial or extreme fears? (for example: thu Ses your Child has had: ——————————————————————————————————— | mderstorms, loud noises, dark, etc.): Hay Fever Rubella Other: Stomach Ache Constipation aware of concerning your child. (Are | | | | | |

This medical information will help us serve your child better. It will be kept confidential.



2024-2025 Trinity Presbyterian Church Preschool Information

Welcome to Trinity Preschool! We are so glad you are interested in our program. To register your child, turn in a complete registration form and registration fee. Registration fees are non-refundable.

This form is for summer 2024 and the 2024-2025 school year. Days, times, and early and late room availability differ from summer to school year. Please read the information for each session carefully in order to select accordingly.

General Information

Contact Information

Director: Betty Carroll

bcarroll@trinitypca.org

1728 South Hull

Montgomery, AL 36104

334-262-8830

Faith

Trinity Preschool is a loving, Christian environment. We strive to teach the gospel in all that we do. Regularly scheduled chapel (three-year-old and up), blessings at lunch, and age-appropriate Bible stories are specific ways in which spirituality is nurtured.

Teachers

We have 2 teachers in each classroom. They are experienced, trained professionals chosen for their warmth, creativity and love for Jesus Christ. Each teacher is trained in first aid and CPR.

Times

Regular school hours: 9:30-1:15

Trinity Preschool SUMMER 2024 Information June 10 – July 24

Summer Times

Regular school hours: 9:30-1:15

Early room 8:30-9:30, \$7 Charge (\$15 max. per family)

There is no late room in the summer.

Ages

4 months through completed kindergarten

Children in the three-year-old and pre-k classes must be potty trained.

Days Attending

Summer school is offered on Mondays, Tuesdays, and Wednesdays. Every day is available for all ages. You may sign up for any combination of days. Chapel is on Mondays and Wednesdays for 3-year-olds and up and on Wednesdays for 1 and 2-year-olds.

Summer Theme

The theme for this summer is "Children in the Bible." God Himself came to earth as a baby, so we will talk about the Children as examples to learn more about God and His word!

Summer school also involves a lot of special snacks and activities.

Summer Registration Fee \$50/Child -must be paid by Check or Cash (registration fee discount for 3 Children or more)

Summer 2024 Tuition

(all summer fees due at the beginning of summer session)
Supply fee is included in tuition and includes daily snack, craft and classroom supplies, etc.

| Days | Entire Summer (7 weeks) | | |
|--------|----------------------------|--|--|
| 1 Day | \$205 | | |
| 2 Days | \$335 | | |
| 3 Days | \$460 | | |

Trinity Preschool 2024-2025 SCHOOL YEAR Information August 19-May 14

School Times

Regular school hours: 9:30-1:15

Early room available Monday-Friday, 8:00-9:30 (\$7 Charge, \$15 max per family)

Late Room available Monday, Wednesday, Friday only, 1:30-2:30 (\$7 Charge, \$15 max per family)

Ages

4 months through pre-kindergarten

Children in the three-year-old and pre-k classes must be potty trained.

Days Attending

Each child's classroom assignment is determined based on their age on September 1st and at the discretion of the staff. Monday, Wednesday, and Friday are curriculum days. Tuesday and Thursday are enrichment days.

3, 4, and 5-year-olds are required to attend Mondays, Wednesdays, and Fridays. Additional days may be added. Classes are contingent on enrollment.

Curriculum

Three-year-old and Pre-K use the Abeka and Handwriting Without Tears curriculum. We also do a variety of art projects and other hands-on activities to enhance learning.

Activities

Three-year olds – Pre-K attend chapel on Mondays and Fridays and music every Wednesday. One and Two-year olds attend chapel on Wednesdays. All ages have the opportunity to play on the playground daily. We have an outdoor and an indoor playground. Pre-K classes go on a few educational and fun field trips throughout the year. We also offer a variety of extracurricular activities before and after school.

2024-2025 School Year Tuition and Fees

Registration Fee: \$100 (discount for 3 or more children) Registration fee must be paid by check or cash.

Your Child's spot is not secure until registration has been paid.

This fee is nonrefundable.

Tuition

August-May

Can pay through PayPal, check or cash.

| DAYS | TUITION |
|--------|---------|
| 2 Days | \$170 |
| 3 Days | \$200 |
| 4 Days | \$270 |
| 5 Days | \$325 |

Supply Fee (one-time payment)

This is due on the first day of school. Check or cash only.
This includes classroom supplies, snacks, curriculum, workbook, crafts, etc.

| Age | 2 Days | 3 Days | 4 Days | 5 Days |
|------------|--------|--------|--------|--------|
| Вару | 110 | 120 | 150 | 160 |
| 1 Year Old | 150 | 180 | 230 | 260 |
| 2 Year Old | 180 | 210 | 260 | 290 |
| 3 Year Old | 190 | 220 | 270 | 300 |
| Pre-K | | 220 | 270 | 300 |