



Thank you so much for your interest in Trinity Preschool Downtown! Please take a moment to complete the forms below, select your program, and help us learn more about your family. Our director will reach out to you soon. We look forward to getting to know you and your child!

Student Name: _____

___ **2-year-olds 8:30 AM – 2:30 PM** (Enrichment activities included)

___ **3-year-olds 8:30 AM – 2:30 PM** (Enrichment activities included)

___ 2 Days (Tuesday & Thursday)

___ 3 Days (MWF)

___ 5 Days (M-F)

___ **Voluntary Pre-K Program**

___ Monday – Thursday 8:30-2:30

___ Fun Friday 8:30-2:30

___ **Extended Care 2:30-5:30** includes free play or child-directed activities

___ 1 Day per week

___ 2 Days per week

___ 3 Days per week

___ 4 Days per week

___ 5 Days per week

___ Drop-In



Student Registration

STUDENT INFORMATION:

Legal Name _____ Birth date _____
Last First Middle

Home Address _____ Zip Code _____ Telephone Number _____

Student lives with: _____ Both Parents _____ Mother _____ Father _____ Stepparent

FAMILY INFORMATION:

Father's Name _____ Cell Number _____

Employer _____ Work Number _____

Mother's Name _____ Cell Number _____

Employer _____ Work Number _____

Family E-Mail _____

HELPFUL INFORMATION:

Please provide any information about your child that you would like for us to know:

Allergies _____

*** Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of the first day of school. ***

*** Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility." This form is available on our website. ***