



Thank you so much for your interest in Trinity Preschool SilverLeaf! 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

4 Days per week

2 Days per week

5 Days per week

3 Days per week

Drop-In



Student Registration

STUDENT INFORMATION:

Legal

Name _____

Birth date _____

Last

First

Middle

Home

Zip

Telephone

Address _____

Code _____

Number _____

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

FAMILY INFORMATION:

Father's Name _____ Cell _____
Number _____

Work _____

Employer _____ Number _____
Cell _____

Mother's Name _____ Number _____
Work _____

Employer _____ 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. ***