

FIRST TRINITY PRESCHOOL FirstTrinityPreschool.com 1570 Niagara Falls Boulevard, Tonawanda, NY 14150 (716) 835-2220 Debbie Ferrante, Director <i>dferrante@FirstTrinity.com</i>			2020-21	
APPLICATION FOR ENROLLMENT (Please give complete information.)				
Class Applying For:		<input type="checkbox"/> 4 Yr M - F	<input type="checkbox"/> 3 Yr M/W/F	<input type="checkbox"/> 2 Yr M/W
		<input type="checkbox"/> 4 Yr M/W/F	<input type="checkbox"/> 3 Yr T/Th	<input type="checkbox"/> 2 Yr T/Th
				<input type="checkbox"/> 2 Yr F
Tuition Payment Preference: <input type="checkbox"/> 1 Yearly Payment <input type="checkbox"/> 2 Semester Payments <input type="checkbox"/> 6 Monthly Payments				
Child's Last Name	Child's First Name	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		City	State	Zip
Home Phone	Date of Birth	Child Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		
Enrollment in other activities/classes:		Language spoken in child's home. <input type="checkbox"/> English <input type="checkbox"/> Other _____		
Is child receiving any type of therapy? If so, what type?		How did you hear about our preschool?		
Sibling's Names & Dates of Birth:				
FATHER INFORMATION				
Father's Name	Home Phone (If different)	Cell Phone	Preferred Number to Contact <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other _____	
Home Address (If different from Child's)		Email Address	Employer	
MOTHER INFORMATION				
Mother's Name	Home Phone (If different)	Cell Phone	Preferred Number to Contact <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other _____	
Home Address (If different from Child's)		Email Address	Employer	
CHURCH INFORMATION				
Name of Church Attending			Baptismal Date	
MEDICAL INFORMATION				
Hospital Choice (If needed)				
Allergies, Birth Marks or Health Factors your child may have:				
REQUIRED PARENT PERMISSION				
Child's name, address, phone number, & birthday may be used on class roster for your Preschool Class families only. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Parent Permission To Photograph I give the First Trinity Preschool staff permission to use photographs/videotapes of my child for hallway displays, newsletters, pamphlets, Facebook, and website. I understand that my child's name will NOT be used with any of the above and that the pictures and articles are intended to project a positive image of the program. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Medical Waiver: In the event that injury or illness needs immediate attention and emergency contacts cannot be contacted, I hereby authorize the school to arrange transportation to the nearest hospital, which may render emergency treatment. In my absence, I give my consent to the physician to do whatever is deemed necessary to insure the safety of the above named child. <input type="checkbox"/> Yes <input type="checkbox"/> No				

Parent/Guardian Signature: _____ **Date:** _____

Instructions:

- ◆ Complete and sign this form.
- ◆ A non-refundable registration fee of \$75 per family must accompany this application.
- ◆ Tuition payments are due to the office as per the tuition schedule. **Checks payable to: First Trinity Preschool.**
- ◆ Medical Statement & Immunization Record (dated on or after September 2019) are due at the First Class.