

<b>FIRST TRINITY PRESCHOOL</b> FirstTrinityPreschool.com 1570 Niagara Falls Boulevard, Tonawanda, NY 14150 (716) 835-2220 Debbie Ferrante, Director <b>dferrante@FirstTrinity.com</b>			2021-22	
APPLICATION FOR ENROLLMENT (Please give complete information.)				
<b>Class Applying For:</b>		<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
<b>Tuition Payment Preference:</b> <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				
<b>Father's Name</b>		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				
<b>Mother's Name</b>		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)				
<b>Allergies, Birth Marks or Health Factors</b> 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				
<b>Parent Permission To Photograph</b> 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				
<b>Medical Waiver:</b> 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 2020) are due at the First Class.