



**Tuition for morning session:**

3 Days – \$1890/year (\$210/ month for 9 mos)

5 Days – \$2520/year (\$280/ month for 9 mos)

**Tuition for All Day session:**

All Day-\$5130/year (\$570/month for 9 mos)

**Tuition for afternoon session:**

5 Days-\$2520/year (\$280/month for 9 mos)

**Discounts Available(one per family)**

- \*\$100 off full tuition when paid IN FULL for the year
- \*\$5 discount per month for tuition paid via recurring monthly auto-draft (form available at [TLCinWalden.com/Preschool/Forms](http://TLCinWalden.com/Preschool/Forms))
- \*\$25 off each of 2 full semester payments (Sept-Jan, Feb-May)
- \*15% discount for members of Trinity Lutheran Church
- \*Sibling discount available (15% off lowest tuition)
- \*25% discount available for a Pastor's child
- \*5% discount available for military-active duty only
- \*50% of online SCRIP gift card rebates offset tuition

**Payment Plan Options**

(please choose one)

- 9 cash or check payments due on the 1<sup>st</sup> (Sept-May)
- 9 monthly payments by auto draft (\$50 discount)
- 2 Semester Payments due Sept 1 and Feb 1 (\$50 discount)
- One full payment with \$100 discount by September 1<sup>st</sup>

**Your signature constitutes your acceptance of the terms of your chosen payment plan. A \$10 late fee will be due after the 10<sup>th</sup> of the month for the monthly payment plan and increase to \$25 after the 1<sup>st</sup> of the following month.**

Parent Signature(s) \_\_\_\_\_

Trinity Preschool makes no discrimination in admissions or determination of enrollment on the basis of race, creed, sex, color, or national origin.



**REGISTRATION FORM & STUDENT INFORMATION**

Submit this form and non-refundable registration fee of \$50.00 (Checks can be made payable to "Trinity")

Mail to: Trinity Preschool, 2520 State Route 208, Walden, NY 12586

- or- E-Mail form to: [TPSdirector@gmail.com](mailto:TPSdirector@gmail.com)
- or- Place form & fee in the black locked mailbox in front of the church office window.

**Questions?** Call director Pamela Burns at (845) 778-7057

CHILD'S FULL NAME \_\_\_\_\_

NAME OF PARENT(S) \_\_\_\_\_

E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

TEXT ALERTS? (DELAYS/CANCELLATIONS)  Yes  No MOBILE CARRIER Required for Text Alerts \_\_\_\_\_

BIRTHDAY \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE (by December 1) \_\_\_\_\_

PARENTS  married  unmarried  divorced  separated

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PHONE \_\_\_\_\_

**\*MUST BE FILLED IN\*** EMERGENCY CONTACTS (OTHER than parent- parent will ALWAYS be contacted first)

1. \_\_\_\_\_

2. \_\_\_\_\_  
Name Phone Relationship

Pediatrician \_\_\_\_\_ Phone # \_\_\_\_\_

**\*\*\* I hereby give my consent to call a physician or take my child to the hospital in the event of an emergency if none of the above can be reached by phone. \*\*\***

Parent Signature(s) \_\_\_\_\_

List ALL **allergies** (food, drug, or seasonal) and their reactions and any medications and/or treatments. Epi-pen? Y / N

\_\_\_\_\_

Does your child receive extensive care by someone other than parents? Y / N By Whom? \_\_\_\_\_

Who is permitted to pick up your child from school? \_\_\_\_\_

Is mother a member of a church? \_\_\_\_\_

Is father a member of a church? \_\_\_\_\_

Does your child attend Sunday School? If so, where?

\_\_\_\_\_

Has your child had group experiences with other children? Y / N

Describe \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

\_\_\_\_\_

How does your child react to other children? \_\_\_\_\_

\_\_\_\_\_

What is your child's reaction to new adults? \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

What helps reassure your child when upset? \_\_\_\_\_

\_\_\_\_\_

Are there any particular behavioral or other concerns that you

wish us to be aware of? \_\_\_\_\_

\_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

\_\_\_\_\_

Has your child had any evaluations? Early intervention? Speech or occupational therapy? \_\_\_\_\_

\_\_\_\_\_

Does your child enjoy being read to? .....Y / N

Does your child like to sing? .....Y / N

Dress his/her self? .....Y / N

Help put away belongings? .....Y / N

Which hand is usually used? .....R / L

Toilet trained? .....Y / N

Notes \_\_\_\_\_

What are you child's favorite pastimes and interests?

\_\_\_\_\_

\_\_\_\_\_

Please add any comments that might further the understanding of your child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Trinity Preschool?

Trinity's Church Sign  Friend/Family Referral

Online Search Engine? Which one? \_\_\_\_\_

Ad in publication? Which one? \_\_\_\_\_

Poster in business OR church ? Which one? \_\_\_\_\_

**Classes: Class availability is based on enrollment. Children should turn 3 or 4 by Dec.1**

**Morning session:**

3 or 4-year-old (M-T-W-Th-F) 5 day

3 or 4-year old (M-W-F) 3 day

**Afternoon session:**

3-year old afternoon session  
(M-T-W-Th-F) 1pm-3:55pm

4-year old afternoon session  
(M-T-W-Th-F) 1pm-3:55pm

3 or 4 year old **FULL DAY class session.**