



REGISTRATION FORM & STUDENT INFORMATION

2025-2026

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

-or- Place form & fee in the black locked mailbox
in front of the church office window.

Questions? Call director Joy Bonneau at (845) 778-7057

Tuition for Morning sessions:

2 Days – \$1,764/year (\$196/month for 9 mos.)

3 Days – \$2,646/year (\$294/month for 9 mos.)

5 Days – \$4,410/year (\$490/month for 9 mos.)

Tuition for Full Day sessions:

2 Days - \$2,880/year (\$320/month for 9 mos.)

3 Days - \$4,320/year (\$480/month for 9 mos.)

5 Days - \$7,200/year (\$800/month for 9 mos.)

Discounts Available

(please choose one if applicable)

***25% discount** for a Pastor's child

***15% discount** for members of Trinity Lutheran Church

***Sibling discount** (15% off lowest tuition)

***5% discount** for military-active duty only

Payment Plan Options

(please choose one)

9 cash or check payments due on the 1st (Sept-May)

9 monthly payments by auto draft

(form available at <https://trinitywalden.com/Preschool>)

2 semester payments due Sept 1st and Feb 1st (\$50 discount)

One full payment by September 1st (\$100 discount)

Your signature constitutes your acceptance of the terms of your chosen payment plan. A \$25 late fee will be due after the 10th of the month for the monthly payment plan.

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.



CHILD'S FULL NAME _____

NAME OF PARENT(S) _____

E-MAIL _____

ADDRESS _____

PRIMARY PHONE _____ CELL? or LANDLINE?

SECONDARY PHONE _____ CELL? or LANDLINE?

TEXT ALERTS VIA REMIND APP? (CANCELS/EVENTS) Yes No

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) _____

BIRTHDAY ____ / ____ / ____ AGE (by December 1) _____

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? (list names)

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? _____

New adults? _____

How would you describe your child's personality? _____

What helps reassure your child when upset? _____

Are there any particular behavioral, speech, or other concerns that you wish us to be aware of? _____

Has your child had any evaluations or services? 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/herself?Y / N

Help put away belongings?Y / N

Which hand is usually used?L / R

Toilet trained? (necessary for attendance)Y / N

Notes _____

What are your 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? _____

Other _____

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

Morning session (9am-12pm):

3 or 4-year-old (T-Th) 2 day

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

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

Full Day (9am-4pm):

3 or 4-year-old (T-Th) 2 day

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

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