TRINITY
PRESCHOOL

REGISTRATION FORM 2024-2025

Child's Full Name _____
First Middle Last

First Name / Nickname to use at school _____

Gender M_____ F_____ Child's Birthday _____/_____/_____
Month Day Year

Parent/Guardian Names _____

Street Address _____

City _____ State_____ Zip_____

Home Phone _____ Cell Phone _____

Email _____

Is your child a sibling of a currently enrolled child?_____

Are you a member of TUMC? _____ **Are you a Trinity Preschool Alum?** _____

** ** **