



The Children's School of Trinity

217 2nd Ave NE
Conover, NC 28613
Phone: (828)464-0057; Fax: (828)464-1622
Web: trinitypreschool.net



ENROLLMENT FORM

Application Date: _____ **Date of Enrollment:** _____

What days will your child be attending? (*Please circle*) M T W Th F

What date will your child begin? _____

Name of Child: First: _____ Middle: _____ Last: _____

Date of Birth: _____ Nickname: _____

Information about the family:

Father/Guardian's Name: _____

Address: _____

Where employed? _____ Business phone: _____

Home phone: _____ Cell Phone: _____

Email: _____

Mother/Guardian's Name: _____

Address: _____

Where employed? _____ Business phone: _____

Home phone: _____ Cell Phone: _____

Email: _____

Insurance Carrier: _____

Policy or Plan #: _____

Are you a member of Trinity Reformed UCC? _____ (15% discount if yes)

Do you have a church family? _____ Would you like information about Trinity? _____

Information about your child:

Does your child have any known allergies? _____

Explain: _____

Please give any information concerning your child which will be helpful in his experience in a group setting (such as play, eating, and sleeping habits, special fears, special likes or dislikes).

Emergency care information:

Name of child's doctor: _____ Office number: _____

Address: _____

Name of child's dentist: _____ Office number: _____

Address: _____

Hospital preference: _____ Phone: _____

**Please attach a copy of your current insurance card and Immunization records for your child.
This information must be on file the first day of your child's attendance.**

If neither mother/father/guardian can be contacted, please call:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

If you cannot call for your child, please give the names of persons to whom the child can be released:

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of parent/guardian

Date

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In a emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions form the physician of the child's parents, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Director

Date