



TRINITY UNITED METHODIST CHURCH

2724 WHISKEY ROAD, AIKEN, SC 29803

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Church Office (803) 648-4990 FAX (803) 642-1231

Trinity Preschool 2K Registration and Student Information Sheet

Child Information

Name	Prefer to be Called		
Birthday	Age	Address	
Physical address required, no PO Box			

Guardian Information

Name	Name
Cell #	Cell #
Work #	Work #
Email	Email

Registration fee, **nonrefundable & nontransferable**, due with this form. \$75

Please note that this information helps with class placement

_____ 2-day 2K, 9 am to 12 pm \$120 per month

_____ 4-day 2K, 9 am to 12 pm \$200 per month

Indicate which option your child will attend:

_____ 2 days per week on Mondays and Wednesdays

_____ 2 days per week on Tuesdays and Thursdays

_____ 4 days Monday-Thursdays

If your child is receiving any of the following therapies, please circle any that apply:

Occupational Speech Physical IEP Behavioral Other: _____

1 and 2 days/week Supply Fees, due in August and January \$50 per semester

3 and 4 days/week Supply Fees, due in August and January \$60 per semester

Lunch Bunch (optional), 12 pm to 1 pm, tracked by staff, total added to monthly bill.

\$4 per day

*** Current/updated immunization forms and a copy of your child's birth certificate are due at registration. Your child's spot will not be held until all fees and required paperwork are submitted.**

Must be 2 years of age by September 1st.

Emergency Contact and Additional Pick-up if Guardians cannot be reached

Name	Phone	Relationship to Child
Name	Phone	Relationship to Child
Name	Phone	Relationship to Child

Emergency Care and Transportation

Allergies	Medications
Insurance Carrier	Policy Number
Pediatrician Name	Phone Number
Dentist Name	Phone Number

By signing below, you are stating that you received a personal copy of, read, understood, and agreed to the Trinity Preschool Handbook and all addenda.

By signing below, you are stating that you are giving permission for Trinity Preschool Director and Teachers to contact emergency services and/or your child's pediatrician in the event of an emergency.

By signing below, you are stating that you are giving permission for Trinity Preschool Director and Teachers to transport your child by ambulance to the EMS recommended hospital in case of emergency:

By signing below, you are stating that you are giving permission for Trinity Preschool Director and Teachers to contact your listed emergency contacts if you cannot be reached in the event of an emergency.

By signing below, you are stating that you are giving permission for Trinity Preschool Director and Teachers to release your child from school to *approved Emergency Contacts and Additional People and no one else* if you are unable to pick up your child from school.

By signing below, you are stating that you agree to notify Trinity Preschool Director AND your child's teacher that someone from the approved list will be picking up your child on a day that you cannot. Trinity Preschool will require a photo ID from this person.

I give Trinity Preschool permission to use my child's image on social media or marketing materials.

YES _____
Guardian Signature

NO _____
Guardian Signature

Parent/ Guardian Signature

Date