TRINITY UNITED METHODIST CHURCH



2724 WHISKEY ROAD, AIKEN, SC 29803

Email: trinityumcpreschoolaiken@gmail.com
Church Office (803) 648-4990 FAX (803) 642-1231

Trinity Preschool 1K Registration and Student Information Sheet

Child Information					
Name			Prefer to be Call	ed	
Birthday	Age	Addre		required, no PO Box	
Guardian Information			.,,	,	
Guardian information					
Name			Name		
Cell #			Cell #		
Work #			Work #		
Email			Email		
Registration fee, nonrefundable & nonti	ansferable	, due with this fo	orm.	\$100	
Please note that this information helps	with class	placement			
2-day 1K, 9 am to 12 pm				\$135 per month	
4-day 1K, 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, ple	ease circle any tha	at apply:		
Occupational Speech Physical	IEP	Behavioral	Other:		
2 days/week Supply Fees, due in August	\$60 per semester				
4 days/week Supply Fees, due in August	\$80 per semester				
Lunch Bunch (optional), 12 pm to 1 pm, to	\$5 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 6 months of age. Continued on the back

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 Medication Relea	ise				
Allergies	Medications				
Insurance Carrier	Policy Number				
Pediatrician Name	Phone Number				
Dentist Name		Phone Number			
medications per the dosage instructions ofTylenolBenace	e giving permission for Trinit e event of an emergency.	Hydrocortisone Cream of the listed above even in a life threatening ead, understood, and agreed to the Trinity Preschool y Preschool Director and Teachers to contact emergency			
by ambulance to the EMS recommended hos By signing below, you are stating that you are	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 permissio materials.	n to use my child's i	mage on social media or marketing			
YES	NO_				
YESGuardian Signature		Guardian Signature			
Parent/ Guardian Signature		 Date			