



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 Called _____

Birthdate _____ 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. \$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, please circle any that apply:

Occupational Speech Physical IEP Behavioral Other: _____

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

4 days/week Supply Fees, due in August and January \$80 per semester

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

