



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 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 \$150 per month

_____ 4-day 1K, 9 am to 12 pm \$215 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: _____

Any medical or developmental concerns? _____

2 days/week Supply Fees, due in August and January \$75 per semester

4 days/week Supply Fees, due in August and January \$100 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.

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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 Release

Allergies _____

Daily Medications _____

In the case of an emergency, I give Trinity Preschool permission to administer the following over-the-counter medications per the dosage instructions on the label. Please initial the following:

_____ Tylenol _____ Benadryl _____ Hydrocortisone Cream

By not initialing, please understand we cannot administer any of the listed above even in a life threatening emergency.

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 to the 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.

Liability Waiver – I agree to indemnify and hold harmless, Trinity Preschool and its paid staff, substitutes, and volunteers, for personal injuries to others or property damage with result from my child or children's participation during field trips or any school activities.

Parent/ Guardian Signature

Date

I give Trinity UMC Preschool/Church permission to use my child's image on Brightwheel, websites, social media, Trinity Preschool Memory Books, or any marketing materials.

YES _____

Guardian Signature

NO _____

Guardian Signature

