



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 3K 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

4-day 3K, 9 am to 12 pm Monday through Thursday \$200 per month

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? _____

4 Day 3K 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 3 years of age by September 1st and FULLY potty trained.

Students must have a backpack, spill-proof cup, and a pocket folder.

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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 Medication
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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 on 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 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.

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
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I give Trinity Preschool 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
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