Trinity Christian Preschool

2010 Application for Admission

Trinity Christian Preschool
901 Shorewood Drive
Shorewood, IL 60404
(815) 577-9310 ext. 3
www.trinitychristian.info

Today's Date_____

Registration Payment_____

Check #_____

Circle choice of K3 class: Joliet Shorewood Plainfield Oswego

AM or PM

Student Name_____ Gender_____
Last First Middle

By what name does your child prefer to be called?_____ Ethnicity:_____

Home Address:_____City_____State_____Zip_____

Telephone_____Age____Date of Birth_____Birthplace_____

Student Resides with: Both Parents __ Father __ Mother__ Other(who) _____

Marital Status: Married__Unmarried__Separated__Divorced__Remarried__Widowed__

Siblings:1._____Age___ 2._____ Age___ 3._____ Age__

Father's Name_____ Mother's Name_____

Place of Employment_____ Place of Employment_____

Work Phone_____Ext.___ Work Phone_____Ext._____

Email Address_____

Do you have children that attend Trinity Christian School? Yes _____No _____

Family Church Affiliation_____Pastor's Name_____

I have read the Statements of Purpose and Belief, and recognize that these principles will be taught at Trinity Christian Preschool. I understand that the registration fee and first month's payment are non-refundable.

Parent Signature_____ Date_____