

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 K4 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 _____