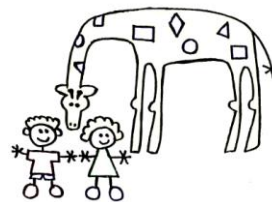


TRINITY DAY SCHOOL

P.O. Box 377
Solebury, PA 18963
215-297-5510



REGISTRATION FORM

CHILD'S NAME _____ Birth Date: _____

PARENT'S NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

Check the class you are interested in:

<u>PRESCHOOL:</u>	
HOURS 8:45-12:30	
3 Year Old Class (Must be 3 by September 15th)	4 Year Old Class (Must be 4 by September 15th)
_____ 2 Mornings (Tue. Thur.)	_____ 3 Mornings (Mon. Wed. Fri.)
_____ 3 Mornings (Mon. Wed Fri.)	_____ 5 Mornings (Mon.-Fri.)
Extended Days per week (until 3:00 PM)	
_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday	
TODDLERGROW	_____ 8:45 till 12:30
KINDERGROW	_____ 8:45 till 1:00

Registration and deposit fees (\$150) are due upon registration. Fees are non-refundable; however, deposit fee will be credited to annual tuition.

\$50.00 Registration Fee

\$100.00 Deposit Fee

Does your child have a disability or medical condition that may require accommodation; or, are there any behavioral concerns we should be aware of?

_____ No _____ Yes. Please explain on back of form.

Parent Signature: _____ Date: _____