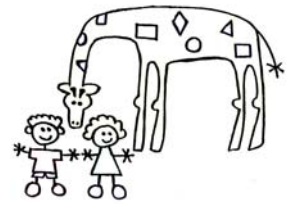


TRINITY DAY SCHOOL

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:

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

*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: \_\_\_\_\_

\* Class offerings are subject to sufficient enrollment.