



Trinity Preschool of Berwyn
 50 Main Avenue, Berwyn, PA 19312
 T 610-644-9370 | Fax 610-644-8429
 NAEYC Accredited 2006-2021
www.trinitypreschoolofberwyn.com

2019-20 School Year Registration Form
 2/3s, 3/4s, Prek

Student Information

Last Name _____ First Name _____

Nickname _____

Address _____ City _____ State/Zip _____

Birth Date M/D/Y _____ Age as of 9/1/19 (Years and Months) _____

Student Gender: Male Female

Student lives with: Both Parents Mother Father Other _____ Court Order

Student is: New student Returning student Sibling of Existing Student

Mother's Information

Mother's Name _____

Occupation _____

Expertise _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

Email Address _____

Father's Information

Father's Name _____

Occupation _____

Expertise _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

Email Address _____

I do not give Trinity Preschool permission to publish my contact information in the preschool directory.

PROGRAM PREFERENCE Please indicate 1st & 2nd choices with a "1" and "2".

Final placement is based on age, developmental level, and gender mix within a class.

*Terrific 2 day **2s/3s** (Tues/Thurs) _____ Blue/Purple Room** (T/W/Thurs) _____

*Terrific 3 day **2s/3s** (M/W/F) _____ Blue/Purple Room** (M/W/F) _____

children need to be 2 by 9/1/19* 4 day **Pre-K (M/T/Th/F) _____

***children need to be 3 by 9/1/19* 4 day **Pre-K** w/Wed Enrich. _____

5 day **Pre-K** (M thru F) _____

REGISTRATION & TUITION: A \$75 non-deductible, non-refundable fee is due with each registration (*\$75 fee per family*). For your convenience, we accept tuition payments in yearly (due 6/20), twice yearly (due 6/20 & 11/20) or four times yearly (due 6/20, 9/20, 11/20 & 2/20). A late fee of \$25 will be charged to all payments received 10 days after their due date. **A non-refundable enrollment fee of \$250 is due for all students on April 20th.** This payment holds your child(s) spot in the class and will be deducted from your final tuition bill.

Continued.....

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Last Name: _____ First Name: _____

WAITLIST POLICY: If your child is placed on a waitlist, the office will notify you if an opening occurs. At times, that notification may be as late as August.

NON-REFUNDABLE TUITION POLICY: This enrollment contract is for the entire school year. You are responsible for the full yearly tuition. Deductions or refunds will not be made in the event of withdrawal or absence. Any exceptions are at the discretion of the Board of Directors. The school reserves the right to request the withdrawal of a child. Tuition covers all materials, book bags, snacks, field trips and special programs.

I am interested in receiving information regarding tuition assistance.

My signature signifies that I have read, and agree to, all terms contained in this 2019-20 School Year Registration Form (enrollment/tuition contract) and that I agree to pay all tuition bills when due for the entire school year.

PRINT PARENT NAME: _____

PARENT SIGNATURE: _____ DATE: _____

Class Placement is based on children's chronological and developmental ages, gender mix and specific individual needs. Please answer the following questions to help us with class placement.

HAS YOUR CHILD HAD ANY PREVIOUS PRESCHOOL EXPERIENCE? _____ IF YES, PLEASE DESCRIBE:

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING? _____ IF YES, PLEASE DESCRIBE:

(Additional space at the bottom or attach a separate piece of paper)

ALLERGIES: _____

EARLY INTERVENTION SERVICES: _____

IEP: _____

SPEECH/OT/PT SERVICES: _____

DEVELOPMENTAL DELAYS: _____

OTHER SPECIAL NEEDS: _____

CUSTODIAL AGREEMENT: _____

ADDITIONAL STUDENT INFORMATION:

All information on this form is kept strictly confidential.

Office Use Date _____ Cash ___ Check ___ Check # _____ Start Date _____