



Trinity Christian School Pre-School
200 Trinity Way
Morgantown, WV 26505
304-291-4659

2018-2019 Registration Form

Family/Last Name: _____

Child's Name: _____ M/F: _____ DOB: _____

Registration For: PreK3 M-F AM ONLY PreK3 M-F 8am-3pm
 PreK3 T-W-R AM ONLY PreK3 (T-W-R) 8am-3pm
 PreK4 M-F AM ONLY PreK4 M-F 8am-3pm

Will need to register for Before Care (6:45-7:30am).

Will need to register for After Care (3:15-5:30pm).

Child's Name: _____ M/F: _____ DOB: _____

Registration For: PreK3 M-F AM ONLY PreK3 M-F 8am-3pm
 PreK3 T-W-R AM ONLY PreK3 (T-W-R) 8am-3pm
 PreK4 M-F AM ONLY PreK4 M-F 8am-3pm

Will need to register for Before Care (6:45-7:30am).

Will need to register for After Care (3:15-5:30pm).

Primary Parent/Guardian Name: _____

Relationship to Child(ren): _____ Phone: _____

Home Address: _____

Email Address: _____

Employer: _____ Work Phone: _____

Church currently attending: _____

Secondary Parent/Guardian Name: _____

Relationship to Child(ren): _____ Phone: _____

Home Address: _____

Email Address: _____

Employer: _____ Work Phone: _____

Church currently attending: _____

Important information you would like to share about your child(ren):

_____ \$20.00/child registration fee paid. Amount: _____

Payment method: _____ Received by: _____

I understand that this form and registration fee places my child/children on the registration list at Trinity Christian School. Once my child/children are accepted into the program, I know and understand that I must complete the admissions process and all required documents before my child/children can begin.

Signature: _____ Date: _____

TCS Admissions Representative: _____ Date: _____