



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

2019-2020 Registration Form

Family/Last Name: _____

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

Registration For: _____ PreK3 M-W-F half day program 8am-11am
_____ PreK3 M-W-F full day 8am-3pm
_____ PreK3 Tuesday and Thursday full day 8am-3pm
_____ PreK3 M-F full day 8am-3pm
_____ PreK4 M-F half day program 8am-11am
_____ PreK4 M-F full day 8am-3pm

_____ Will need to register for Before Care (6:45-7:30am).
_____ Will need to register for After Care (3:15-5:30pm).

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

Parent/Guardian Name: _____
Relationship to Child(ren): _____ Phone: _____
Home Address: _____
Email Address: _____
Employer: _____ Work Phone: _____
Church currently attending: _____

Registration # _____
Date Received _____

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):

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 invited to apply to 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: _____

Please make check payable to: Trinity Christian School and on the memo line write 2019-2020 Registration. Thank you!

FOR OFFICE USE

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

Payment method: _____

TCS Admissions Representative: _____ Date: _____