

# TRINITY PRESCHOOL APPLICATION FORM

299 Deter Street  
Rutherfordton, NC 28139  
(828) 287-5544  
(828) 286-3900

For Office Use Only
Date Application Rec'd _____
Date of Interview _____
Registration Rec'd _____
Date Student Enrolled _____

APPLICATION FOR THE YEAR \_\_\_\_\_

CLASS	5 DAYS – FULL	3 DAYS – FULL (TWTh)	3 DAYS – HALF (TWTh)
K-3			
K-4			

Child's Name \_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_ Male \_\_\_\_ Female Age: \_\_\_\_ Date of Birth: \_\_\_\_ Place of Birth: \_\_\_\_\_

Present Address \_\_\_\_\_

Telephone \_\_\_\_\_ Student's Social Security # \_\_\_\_\_

Preschool or Day Care Last Attended \_\_\_\_\_

School Address: \_\_\_\_\_ Director: \_\_\_\_\_  
 \_\_\_\_\_ Teacher: \_\_\_\_\_  
 \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Guardian's Full Name \_\_\_\_\_

Marital Status:  
 Mother: \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Separated \_\_\_\_ Divorced  
 Father: \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Separated \_\_\_\_ Divorced

Employer (Father or Guardian) \_\_\_\_\_

Employer (Mother or Guardian) \_\_\_\_\_

Other Children under 18 years of age living at home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHURCH OR DENOMINATIONAL AFFILIATION:**

Father: Church Now Attending \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Are you a professing Christian? \_\_\_\_\_

Mother: Church Now Attending \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Are you a professing Christian? \_\_\_\_\_

Guardian: Church Now Attending \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Are you a professing Christian? \_\_\_\_\_

**EMERGENCY CARE INFORMATION:**

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Other Conditions, Fears, Etc.: \_\_\_\_\_  
\_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**If neither Parent or Guardian can be reached, please call the following to come for my child:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**In case of accident or serious illness, I give the school permission to seek medical help. I understand that the school will contact me as quickly as possible and for non-emergency situations I will be notified before any action is taken.**

\_\_\_\_\_  
Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**Daily Release of child(ren):** I authorize the person(s) below to come to pick up my child. I will give you written permission if I plan to have anyone other than the regular person to pick them up. I understand that the school will not release my child unless they have that permission.

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**FOR PARENTS:**

1. Trinity School stresses a Home-School-Church relationship. This requires regular parental assistance in the school program. Are you willing to:
  - a. Read daily to your child?  YES  NO  
Reading to your child is essential in developing readiness skills which will prepare him/her for school.
  - b. Accept the School's educational philosophy?  YES  NO
  - c. Allow your child to participate in special programs, outings and field trips?  YES  NO
  - d. Do volunteer work for the School?  YES  NO
  - e. Attend Parent Teacher Co-op (PTC) meetings?  YES  NO
2. Please state why you desire your child(ren) to attend Trinity School.

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3. Has your child had behavior problems at other Preschools or Day Care?  If yes, please explain:

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4. Trinity School's philosophy of education acknowledges Jesus Christ as Crucified, Resurrected Lord, and Savior, and the Bible as the written Word of God, containing all things necessary for the salvation and as the rule for ethics and morals. Can you be supportive of this position?  
 YES  NO

**PARENT'S PLEDGE:**

*"We do hereby agree to the financial arrangements as spelled out in the Tuition and Related Expense Summary, and pledge ourselves to the full cooperation and support of Trinity School in the education and training of our child(ren). We understand the teacher and administration are given full discretion in the discipline of our child(ren), including the judicious use of spanking. We do  or do not  grant our permission for our child to be spanked as a means of correction when considered necessary by the School Staff. We understand and agree that continued enrollment of our child(ren) in Trinity School is dependent on our parental support of the school, its staff, and its policies."*

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
Signature Signature