Year: 20\_\_-20\_\_

**Trinity Nursery and Play School**

Trinity United Church of Christ

30 West North Street

Waynesboro, PA 17268

717-762-9950

**MARK PROGRAM FOR WHICH YOU ARE APLLYING**

\_\_\_\_ **3 year old Program:** 2 day Play School (Wed and Fri 9:00-11:30) $160/mo

\_\_\_\_**4 year old Program:** 3 day Nursery School (Mon, Tues, Thurs 9:00-11:30) $180/mo

\_\_\_\_**4 year old Program:** 4 day Nursery School(Mon, Tues, Thurs, Fri 9:00-11:30) $224/mo

\_\_\_\_**4 year old Program:** 5 day Nursery School (Mon-Fri 9:00-11:30) $280/mo

**\*NONREFNDABLE REGISTRATION FEE OF $25.00 PER APPLICATION AND 1 MONTH’S TUITION IS DUE AT TIME OF REGISTRATION**

**\*REMAINING PAYMENTS WILL BE AUTOMATICALLY WITHDRAWN FROM YOUR BANK MONTHLY FROM OCTOBER-MAY**

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name by which child is called\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child must be 3 or 4 prior to September 1)

Parent(s) name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person(s) in household\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings names and ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number to call in case of emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_