

TRINITY PRESCHOOL/PARENTS'-MORNING-OUT

903 Forest Avenue
Richmond, Va. 23229

NON-REFUNDABLE APPLICATION FEE: \$25.00

Date of Application: _____

Year to be entered: 2015-16

1 yr. old (1 or 2 days) Mon. FULL Tues. ____ Wed. FULL Thurs. FULL Fri. ____

2 yr. old (3 days) Mon/Wed/ Fri. FULL

2 yr. old (2 days) (T/TH.) FULL (M/F) FULL

2-day Program, 3-year-old (M/F)_____ 3-day Program, 3-year-old (T/W/TH) FULL

3-day Program, 4&5-year-old (T/W/TH)_____ 5-day Program, 4&5-year-old _____

Lunch Bunch (3-5 year olds **only**) Tues. _____ Wed. FULL Thurs_____

Child's Name _____ Male Female

Father's Name _____ Mother's Name _____

Address _____ ZIP _____

Telephone No. _____ Birth Date _____

E-Mail _____

Church Affiliation of Parents: Trinity _____ Other _____ None _____

___ Check here if we may send you a Trinity United Methodist Church information packet.

Have you had other children in our school? _____

Trinity Members and past patrons have priority through September