



**Trinity Preschool of Berwyn**

50 Main Avenue Berwyn, PA 19312  
610-644-9370 - Fax 610-644-8429  
trinitypreschoolofberwyn.com

Final Placement \_\_\_\_\_  
**Registration Form**

**School Year 2007-08**

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
House/Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Birth date MDY \_\_\_\_\_ Age as of 9/1/07 Years and Months \_\_\_\_\_  
Student lives with Both Parents  Mother  Father  Other  Court order   
Student is New student  Returning student  Sibling

**Mother's Information**

Mother's Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Expertise \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Email Address \_\_\_\_\_

**Father's Information**

Father's Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Expertise \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Email Address \_\_\_\_\_

**Medical Information**

Physician's Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Medical Insurance \_\_\_\_\_  
Policy # \_\_\_\_\_  
Child's Allergies (specify) \_\_\_\_\_  
Medications: Type & Purpose \_\_\_\_\_  
Prescribing Physician \_\_\_\_\_  
Please list physical disabilities or special needs which may impair or limit service rendered to your child \_\_\_\_\_

**Emergency Contact**

Contact Name \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relation to child \_\_\_\_\_

Child's previous group experience \_\_\_\_\_

**PROGRAM PREFERENCE Please indicate 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices (where applicable)**

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| #1 - Moms & Tots (Thurs) 9:15 _____  | #8 - 3 day 3's (T/W/Thurs) _____     |
| #2 - Moms & Tots (Thurs) 10:45 _____ | #9 - 3 day 3's (M/W/F) _____         |
| #3 - Moms & Tots (M 9:15) _____      | #11 - 3 day young 4's (T/W/Th) _____ |
| #4 - Moms & Tots (M 10:45) _____     | #12 - 3 day young 4's (M/W/F) _____  |
| #5 - 2 day 2's (Tues/Thurs) _____    | #13 - 4 day pre-K (M/T/Th/F) _____   |
| #6 - 3 day 2's (M/W/F) _____         | #14 - 5 day pre-K (M thru F) _____   |

**REGISTRATION & TUITION:** A \$75 non-deductible\*, non-refundable fee is due with each registration. For your convenience, we accept tuition payments in yearly (due 6/20), twice yearly (due 6/20 & 11/20) or four times yearly (due 6/20, 9/20, 11/20 & 2/20). A non-refundable deposit of \$250 is due for all students on April 20<sup>th</sup>. This payment will be deducted from your final tuition bill. The late fee is \$25.

\*The \$60 registration fee for Moms & Tots is applicable towards tuition. **WAITLIST POLICY:** All registrations are dated as they are received. Class choices should be indicated and mutually agreed upon by you and the Director. If an opening occurs, your child will be enrolled in that class, and you will be notified by phone or mail. At times; that notification may be as late as mid-July. If an opening occurs in your class choice, and you choose **not** to enroll, your registration fee is forfeited. If no opening occurs, your registration fee will be refunded in mid October. Forfeiture of the registration fee will occur if you withdraw your child's name from the wait-list, or the class. **TUITION REFUND POLICY:** This enrollment contract is for the entire school year. You are responsible for the full yearly tuition. Deductions or refunds will not be made in the event of withdrawal or absence, unless space can be filled by another student in that class. The school reserves the right to request the withdrawal of a child. Tuition covers all materials, book bags, snacks, field trips and special programs.

**My signature signifies that I have read all that is contained in this enrollment/tuition contract and that I agree to pay all tuition bills when due and payable for the entire school year.**

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Office Use** Date \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_ Start Date \_\_\_\_\_

Final Placement \_\_\_\_\_

Office Use Date \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_ Start Date \_\_\_\_\_