

For Office Use Only

2021- 2022
REGISTRATION

Received _____
Reg. Fee _____
Check # _____
Conf. Letter _____
H _____ El _____
Tour Date _____



2000 Chestnut Street
Camp Hill, PA 17011
(717) 737-9921 ext. 241

Preschool@trinitycamphill.org

(PLEASE PRINT)

Child's Name: _____ Girl _____ Boy
Last First Middle

Date of Birth: _____ Name you wish your child to be called at school: _____
Month Day Year

Address: _____
Street
City State Zip Code Preferred Phone Number

Mother's Name: _____ Father's Name: _____

E-mail _____ Are you a Trinity Church Member? (Yes / No)

*To register for the 2-½ year-old class, your child MUST be 2 years of age by February 28, 2021.
To register for the 3-year-old class, your child MUST be 3 years of age by August 31, 2021.
To register for the 4-year-old Pre-K class, your child MUST be 4 years of age by August 31, 2021.
To register for the Older Pre-K class, your child MUST be 4 years of age by December 31, 2020.*

PLEASE INDICATE YOUR CLASS PREFERENCE BELOW:

_____ 2 ½ year old class	2-day (9:15 AM-11:15 AM) Monday & Tuesday	\$105.00 / Month
_____ 3-year-old class	2-day (9:00 AM-11:30 AM) Wednesday & Thursday	\$115.00 / Month
_____ 3-year-old class	3-day (9:00 AM-11:30 AM) Tuesday thru Thursday	\$135.00 / Month
_____ 4-year-old Pre-K class (Kindergarten Transition)	3-day (8:45 AM-11:45 AM) Tuesday thru Thursday	\$140.00 / Month
_____ 4-year-old Pre-K class (Kindergarten Transition)	4-day (8:45 AM-11:45 AM) Monday thru Thursday	\$150.00 / Month
_____ Older Pre-K class (Kindergarten Transition)	4-day (8:45 AM-11:45 AM) Monday thru Thursday	\$150.00 / Month

Please return this form to the Preschool Office along with a **NON-REFUNDABLE**
Registration fee of \$50.00 (\$15 for each additional sibling) per application. Please make checks payable to
Trinity Lutheran Church.

(over)

Please list the names and ages of all other children living at home:

Please list the names and relationship of all adults living in the child's home (including parents):

Does your child have preschool experience? (Yes / No)

If yes, where did they attend preschool and for how long? _____

If yes, was it a positive experience? (Yes / No)

Does your child have any special needs? (Yes / No) If yes, please explain: _____

Does your child have allergies? (Yes / No) If yes, please list: _____

Do you have any concerns about your child's development in any of the following areas?

Speech and Language _____

Learning and Thinking _____

Small or Large Motor Skills _____

Social and Self-Help _____

Other _____

Is your child receiving therapy in any of the above areas? (Yes / No)

If yes, please explain: _____

Will your child require assistance in the bathroom? (Yes / No)

If yes, please explain: _____

What does your child enjoy playing with? _____

What are your child's fears? _____ Dislikes? _____

Is there anything that we can do to make preschool a positive experience for your child?

Is there any additional information you would like to share with us concerning your child or family?
