

For Office Use Only

2022- 2023
REGISTRATION



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

Preschool@trinitycamphill.org

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

(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

Parent/Guardian: _____ Parent/Guardian: _____

E-mail _____ E-mail _____

*To register for the 2-1/2 year-old class, your child MUST be 2 years of age by February 28, 2022.
To register for the 3-year-old class, your child MUST be 3 years of age by August 31, 2022.
To register for the 4-year-old Pre-K class, your child MUST be 4 years of age by August 31, 2022.
To register for the Older Pre-K class, your child MUST be 4 years of age by December 31, 2021.*

PLEASE INDICATE YOUR CLASS PREFERENCE BELOW:

- _____ 2 1/2 year old class 2-day (9:15 AM-11:15 AM) Monday & Tuesday \$110.00 / Month
- _____ 3-year-old class 2-day (9:00 AM-11:30 AM) Wednesday & Thursday \$120.00 / Month
- _____ 3-year-old class 3-day (9:00 AM-11:30 AM) Tuesday thru Thursday \$140.00 / Month
- _____ 4-year-old Pre-K class 3-day (8:45 AM-11:45 AM) Tuesday thru Thursday \$150.00 / Month
(Kindergarten Transition – 3 Hour Program)
- _____ 4-year-old Pre-K class 4-day (8:45 AM–11:45 AM) Monday thru Thursday \$170.00 / Month
(Kindergarten Transition -3 Hour Program)
- _____ Older Pre-K class 4-day (8:45 AM-11:45 AM) Monday thru Thursday \$170.00 / Month
(Kindergarten Transition-3 Hour Program)

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?
