

For Office Use Only

2024-2025  
REGISTRATION



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

[Preschool@trinitycamphill.org](mailto: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, 2024.  
To register for the 3-year-old class, your child **MUST** be 3 years of age by August 31, 2024.  
To register for the 4-year-old Pre-K class, your child **MUST** be 4 years of age by August 31, 2024.  
To register for the Older Pre-K class, your child **MUST** be 4 years of age by December 31, 2023.

PLEASE INDICATE YOUR CLASS PREFERENCE BELOW:

- \_\_\_\_\_ 2 1/2 year old class      2-day (9:15 AM-11:15 AM) Monday & Tuesday      \$120.00 / Month
- \_\_\_\_\_ 3-year-old class      2-day (9:00 AM-11:30 AM) Wednesday & Thursday      \$135.00 / Month
- \_\_\_\_\_ 3-year-old class      3-day (9:00 AM-11:30 AM) Tuesday thru Thursday      \$155.00 / Month
- \_\_\_\_\_ 4-year-old Pre-K class      3-day (8:45 AM-11:45 AM) Tuesday thru Thursday      \$165.00 / Month  
**(Kindergarten Transition – 3 Hour Program)**
- \_\_\_\_\_ 4-year-old Pre-K class      4-day (8:45 AM–11:45 AM) Monday thru Thursday      \$180.00 / Month  
**(Kindergarten Transition -3 Hour Program)**
- \_\_\_\_\_ Older Pre-K class      5-day (8:45 AM-11:45 AM) Monday thru Thursday      \$230.00 / Month  
**(Kindergarten Transition-3.5 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:**

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

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**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: \_\_\_\_\_**

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**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?**

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

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