

2026-27 ENROLLMENT FORM

**Return along with non-refundable \$25 registration fee to:
Trinity Methodist Church Preschool
501 Mulberry Street, PO Box 343
Scottsdale, PA 15683**

PLEASE PRINT

ALL INFORMATION IS CONFIDENTIAL

Date: _____

Child's Name: _____ Sex: M F Birth Date: ___/___/___
(circle one)

Name child is usually called: _____ School District _____

Home address _____

Home Phone # _____

Name of Father _____

Where employed _____

Occupation _____ Work # _____

Cell # _____ e-mail _____

Name of Mother _____

Where employed _____

Occupation _____ Work # _____

Cell # _____ e-mail _____

Parents' marital status: (Circle one) Married Divorced Separated Single

If both parents work, who cares for the child? _____

Names of sisters/brothers _____

List pets and their names _____

Allergies: _____ yes _____ no If yes, please list _____

Asthma: _____ yes _____ no

Should we be aware of any fears? If so, describe the usual reaction:

Circle the days you would like your child to attend: **Monday-Wednesday-Friday - \$135.00 a month**
Tuesday-Thursday - \$100.00 a month

OVER

Will your child be attending kindergarten in 2027? _____ If yes, where? _____

What is the main purpose of sending your child to TMC Preschool? _____

Who will usually bring and pick up your child? _____

Please list all the people (including parents) allowed to pick up your child:

	Name	Relationship
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

EMERGENCY / URGENT PICK UP INFORMATION

In case of emergency **we will FIRST attempt to contact parents**. Please list three additional emergency contact persons, their numbers and what relationship they are to your child. List in the order you wish them to be contacted.

- Name _____ Relationship _____
Home phone # _____ cell phone # _____
- Name _____ Relationship _____
Home phone # _____ cell phone # _____
- Name _____ Relationship _____
Home phone # _____ cell phone # _____

Child's Physician _____ Phone # _____

~Please read the following agreement before signing & returning~

EMERGENCY TREATMENT

In the event of illness or accident which requires immediate medical treatment at a time when a parent can not be located, I give permission for TMC Preschool to provide emergency treatment to the best of their knowledge and ability. I will not hold the church or the personnel responsible. This is done with the understanding that every attempt will be made to contact a parent, the child's physician and other listed emergency contacts.

Parent/Guardian Signature _____ Date _____