



# Trinity Nursery School Registration Form 2023 – 2024 School Year



Child's name \_\_\_\_\_ (nickname?) \_\_\_\_\_

Full address \_\_\_\_\_ zip \_\_\_\_\_

Telephone number \_\_\_\_\_ Cell # \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent email \_\_\_\_\_

Father's name \_\_\_\_\_ Place of employment \_\_\_\_\_

Mother's name \_\_\_\_\_ Place of employment \_\_\_\_\_

Siblings (names and ages) \_\_\_\_\_

Who will be picking your child up from school?

Pick-up Person's name \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's strengths, interests, fears \_\_\_\_\_

Is there any special information/situations concerning your child that we should know about?

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Is your child receiving any special services (Speech, OT, PT, etc..) that we should know about?

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What holidays does your family celebrate (Religious, or personal)?

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New families – how did you discover our school? Do you know any families currently enrolled?

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Any previous daycare or school experience? If so, where? \_\_\_\_\_

Any known **Allergies** we should be aware of \_\_\_\_\_



**Thank you for choosing Trinity  
Nursery School!  
Trinity Nursery School  
Tuition Form  
2023 – 2024 School Year**



Child's name \_\_\_\_\_

Full address \_\_\_\_\_

Telephone number \_\_\_\_\_ Cell # \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Parent E-mail \_\_\_\_\_

Which class are you registering your child for?

\_\_\_\_\_ 2 Day Toddler (9:15-11:30) Tuesday and Thursday

\_\_\_\_\_ Three-year-old morning (9:15 – 11:45) Monday, Wednesday, and Friday

\_\_\_\_\_ Three-year-old morning (9:15 – 11:45) Tuesday, Thursday, and Friday (if available)

\_\_\_\_\_ Three-year-old afternoon (12:15 – 2:45) Monday, Wednesday, and Friday

\_\_\_\_\_ Three-year-old afternoon (12:15 – 2:45) Tuesday, Thursday, and Friday (if available)

\_\_\_\_\_ Four year old morning (9:00 – 11:30) Monday through Friday or M/W/F

\_\_\_\_\_ Four year old afternoon (12:00 – 2:30) Monday through Friday (if available)

Please let us know the name of the person/persons responsible for making your child's tuition payment by the first day of each month:

Name \_\_\_\_\_

Full address \_\_\_\_\_

Telephone number \_\_\_\_\_ E-Mail \_\_\_\_\_



# Trinity Nursery School Physical Examination Form 2023 – 2024 School Year



Child's name \_\_\_\_\_

Full address \_\_\_\_\_

Telephone number \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

**Immunizations – please list all dates and dosages:**

DPT or DT (minimum 3 doses) \_\_\_\_\_

Oral Polio (minimum 3 doses) \_\_\_\_\_

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ HIB \_\_\_\_\_

(Measles, Mumps and Rubella must be given on or after 1<sup>st</sup> birthday)

Hep B(1dose)\_\_\_\_\_ Varicella(1dose)\_\_\_\_\_ PCV(1)\_\_\_\_\_ Influenza\_\_\_\_\_

Has this child had any operations? Yes / No

If yes, type of operation: \_\_\_\_\_ Date \_\_\_\_\_

Eyes\_\_\_\_\_ Tonsils\_\_\_\_\_ Ears\_\_\_\_\_ Orthopedic\_\_\_\_\_ Lungs\_\_\_\_\_

Thyroid\_\_\_\_\_ Hernia\_\_\_\_\_ Heart\_\_\_\_\_ Genito-urinary\_\_\_\_\_ Nervous system\_\_\_\_\_

Is this child under any medical supervision for:

Allergies\_\_\_\_\_ Epilepsy\_\_\_\_\_ Cardiac Condition\_\_\_\_\_ Diabetes\_\_\_\_\_ Asthma\_\_\_\_\_

Other \_\_\_\_\_

**I have found this child to be in good general health and able to participate in all activities.** Yes / No

Physician's Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_



**Trinity Nursery School**  
**716 Rt. 25A, Rocky Point, NY 11778**



**Registration Packet**  
**2023 – 2024 School Year**

Nursery school registration will be open and ongoing starting **Friday, March 3rd, 2023.** If you wish, you may register by mail or drop off your child’s registration forms, providing paperwork is complete and accompanied with a completed physical form and payment.

**We must have a copy of your child’s physical to process your registration information.** A non-refundable \$75 registration fee (\$90 per family) and one month’s tuition are also due on the day of registration. Without payment we will not be able to register your child. **Please make checks payable to Trinity Nursery School and write your child’s name in the Memo line.**

Registration Fees:	10% off
1 Day Toddler Program	
\$102.00 (one month’s tuition) + \$75.00 (registration fee) = \$177.00	\$92
2 Day Toddler Program	
\$201.00 (one month’s tuition) + \$75 (registration fee) = \$276.00	\$181
2 Day Nursery Program (3-year-olds)	
\$201.00 (one month’s tuition) + \$75.00 (registration fee) = \$276.00	\$181
3 Day Nursery Program (3 yr. or 4yr olds)	
\$304.00 (one month’s tuition) + \$75.00 (registration fee) = \$379.00	\$274
5 Day Four-Year-Old Program	
\$455.00(one month) + \$75.00 (registration fee) = \$530.00	\$410

We offer a 10% discount per month for children of Trinity Church Members.

We offer a 10% discount per month for 2<sup>nd</sup> child enrolled in same year.