TRINITY
PRESCHOOL

REGISTRATION FORM 2025-2026

Please submit a $100 non-refundable registration fee (max $150/family) with each form.

PLEASE PRINT

Child's Full Name _____
First Middle Last

Name to be used at school _____

Gender M_____ F_____ Child's Birthday _____/_____/_____
Month Day Year

Parent/Guardian Names _____

Street Address _____

City _____ State_____ Zip_____

Mother Cell Phone _____ Mother Email_____

Father Cell Phone _____ Father Email _____

Is your child the sibling of a currently enrolled student?_____

Are you a member of TUMC? _____ **Are you a Trinity Preschool Alum?** _____

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