

Trinity Weekday Ministries
Re-Enrollment Form

Child's Name: _____ M____ F____

Date of Birth: _____ Age as of Sept. 1, 2018 _____

Parent's Name _____

Phone Number _____

Are you a Trinity member? _____

Please circle the class for which you are registering.

3 Days a Week (Tues, Wed, Thurs)

Toddler I (12-18 mo)

Toddler II (19-23 mo)

Toddler III (24-25 mo)

Pre-K 3

Pre-K 4

5 Days a Week (Mon-Fri)

Toddler I (12-18 mo)

Toddler II (19-23 mo)

Toddler III (24-25 mo)

Pre-K 3

Pre-K 4

Bridge Kindergarten*

*Must be 5 years old by Sept. 1st.

I would like my child to be enrolled in the Extended Care Program (8-9 a.m. and 1-3:00p.m.) for an additional \$900 a year.

_____ Yes

_____ Not at this time