



646 Concord Road, Fletcher NC, 28732
(828) 628-1188 ext 208

Trinity of Fairview Preschool 2018-19

Have your child join us and watch them grow! We provide the building blocks your child needs to be successful in kindergarten and beyond in a Christ focused and safe environment. Each class is developmentally tiered for children to grow in their skills. They take part in Bible lessons, music, science exploration, math fundamentals, reading skills, technology skills and so much more!

WHAT CLASSES DO WE OFFER?

Firecrackers (4 & 5 year olds)

3 DAY PRESCHOOL: 8:00 a.m. – 12 noon

TUITION: \$2000/year or 8 scheduled payments @ \$250

4 DAY PRESCHOOL: 8:00 a.m. – 12 noon

TUITION: \$2500/year or 8 scheduled payments @ \$312.50

5 DAY PRESCHOOL: 8:00 a.m. – 12 noon

TUITION: \$3000/year or 8 scheduled payments @ \$375

Sparklers (3 year olds)

3DAY PRESCHOOL: 8:00 a.m. – 12 noon

TUITION: \$2000/year or 8 scheduled payments @ \$250

2 DAY PRESCHOOL: 8:00 a.m. – 12 noon

TUITION: \$1500/year or 8 scheduled payments @ \$187.50

Poppers (2 year olds)

2 DAY PRESCHOOL: 8:00 a.m. – 11:30 a.m. (T, Th)

TUITION: \$1400/year or 8 scheduled payments @ \$175.00

Glowworms (12-24 months)

2 DAY OPTION: 8:00 a.m. – 11:30 a.m. (T, Th)

TUITION: \$14000/year or 8 scheduled payments @ \$175.00

*August 31 of the school year is the birth date cutoff for each age group.

*Tuition payment 1 must be received by first day of school. Payment schedule will be included on Preschool calendar.

*All children enrolled in Firecrackers and Sparklers must be completely potty-trained.

*A nonrefundable registration fee of \$75 is due on receipt of the registration form.

We would love to have your child join us at Trinity of Fairview for a fun-filled year!

Please contact the Preschool staff at 628-1188 ext. 208 or
email us at weekdaykids@trinityoffairview.org to enroll your child.



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Trinity of Fairview Preschool Registration Form

Child: _____ Girl / Boy
 First Middle Last

Street Address: _____
 City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Primary Phone #: _____ Primary E-mail: _____

Date of Birth: _____ Age of child by August 31st of this year: _____

Father's Name: _____ Employer: _____
 Father's Phone Numbers: (H) _____ (C) _____
 (W) _____

Mother's Name: _____ Employer: _____
 Mother's Phone Numbers: (H) _____ (C) _____
 (W) _____

Please list any allergies your child may have, his/her reaction to exposure, and procedure to follow in the event of exposure: _____

List any health problems/medical diagnosis that would restrict your child's school activities:

Child's Doctor/Phone #: _____ Child's Dentist/Phone #: _____

EMERGENCY CONTACT WHEN PARENTS CANNOT BE REACHED: (NAME, RELATIONSHIP, PHONE #):

1. _____
2. _____

THESE ADULTS MAY PICK UP YOUR CHILD AT ANY TIME:

| | | | | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|-----------------------|-----------------------|--------------------|----------------------|
| Class Registering For: | Firecrackers (5 days) | Firecrackers (4 days) | Firecrackers (3 days) | Sparklers (3 days) | Sparklers (2 days) | Poppers (T, Th) | Glowworms (T, Th) |
| | | | | | | | |



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Please list others in the home:

Siblings/Ages: _____

Adults: _____ Pets/Names: _____

What other information should we know/be aware of to care for your child? Events at home often influence your child's behavior. We are better able to help your child when you inform us of situations and/or events that might influence his/her overall behavior such as: divorce, separation from a relative or friend, death of a relative or pet, etc...

Knowing about these transitional times allows us to give special attention, understanding, and care for your child. The information you give us will remain confidential. Has anything happened recently in your child's life that might have an effect on her/him? Are there any unusual fears or special traits that the teacher may need to know about?:

Photography Release Information:

During the school year, we will take numerous pictures of your child during Preschool. In addition to using the materials for student publications and purposes, we occasionally would like to use the pictures or videos in brochures or other promotional materials such as TOF Preschool Facebook page.

I give my permission for my child to be included in photographs that will be used in the classroom (bulletin boards, Program slide shows)

Signature: _____

I give my permission for my child to be included in photographs that will be used for promotional materials (brochures, flyers, newspaper ads) and on TOF Preschool Facebook page.

Signature: _____

By signing this registration form, I agree to the information in the information letter as well as this registration form.

Parent Signature: _____ Date: _____

A non-refundable registration fee of \$75 is due with registration form.