



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

## 2020-2021 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 31<sup>st</sup> of this year: \_\_\_\_\_

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Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Father's Phone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_  
(W) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Phone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_  
(W) \_\_\_\_\_

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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:  
\_\_\_\_\_

\*A copy of test results or documentation of formal diagnosis must be provided to the Director.

Child's Doctor/Phone #: \_\_\_\_\_ Child's Dentist/Phone #: \_\_\_\_\_  
\_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_



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THESE ADULTS MAY PICK UP YOUR CHILD AT ANY TIME:

\_\_\_\_\_

The applicant's parents are:

- Single     
  Married     
  Widowed     
  Separated     
  Divorced\*

\*A copy of current custody papers must be on file with the Director.

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?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Class Registering For:**

Firecrackers	Firecrackers	Firecrackers	Sparklers	Sparklers	Sparklers	Poppers	Poppers	Glowworms
5 days	4 days*	3 days*	M,T,W,Th	T,W,Th	T,Th	T,W,Th	T,Th	T,Th

**\*Firecrackers:** Please indicate which days of the week you would like your child to attend

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Jennifer Hines • [weekdaykids@trinityoffairview.org](mailto:weekdaykids@trinityoffairview.org) • [www.facebook.com/tofpreschool](http://www.facebook.com/tofpreschool)  
 Education Administrator Michelle Kelly • [michellekelly@trinityoffairview.org](mailto:michellekelly@trinityoffairview.org)



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

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Education Administrator Michelle Kelly • [michellekelly@trinityoffairview.org](mailto:michellekelly@trinityoffairview.org)