



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

2021-2022 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:

*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	Poppers	Poppers
5 days	4 days*	3 days*	M,T,W,Th	M, T, Th	M, T, W, Th	M, 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: _____



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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