



Trinity
Christian
Academy

Pre-Kindergarten Registration Form

2019-2020

Please submit a copy of your child's Birth Certificate along with your Registration Form.

M F

Student's Last Name

Student's First Name (Please Print)

Date of Birth

Please circle one

Preferred Student's First Name _____

Program Options

Please indicate your first and second choice.

_____ Monday and Wednesday

_____ Tuesday and Thursday

_____ No preference

Students must be four years of age by Feb. 28, 2020 and fully toilet trained (with the exception of students with special needs.)

Student Information

Has this student accessed or been recommended for intervention services? Yes No

If yes, please check all that apply:

Speech Language Therapy Learning Support Social/Emotional Behavioral Support Other: _____

If your child has been assessed, please indicate who recommended it? (Example: Child's Dr.)

Allergies:

Fees

Program Fees are \$1000 for the full year. A \$100.00 deposit is required at the time of registration either by cash or cheque (please postdate the cheque to Sept 1, 2019). This deposit will be applied to your September fees leaving a remaining balance of \$900.00 to be paid beginning October 1st. Fees can be paid in full at the beginning of the year or on a monthly basis (\$100) on the first of the month. Monthly payments may be made by handing in postdated cheques for the first of each month to the office or by setting up a monthly payment plan through our online portal (www.trinitychristianacademy.ca) and click on School Fees found at the top of the Home page).

I would like to pay: Online Post-Dated Cheques Cash

Parent Information

Parent Name _____ Email: _____

Mailing Address _____ Ph.# _____