

425 Magnolia Road
Pinehurst, NC 28378
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TrinityCF.net
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“Train up a child in the way he should go; even when he is old he will not depart from it.” Proverbs 22:6

2023–2024 Fall Registration Form

Today’s Date: _____

ALL INFORMATION IS REQUIRED

CHILD’S FULL NAME _____

Child’s Date of Birth _____ Age (in SEP 2023) _____ Years _____ Months

Home & Mailing (if different) Address _____

City _____ State _____ Zip Code _____

MOTHER’S NAME _____

Cell Phone _____ Work Phone _____

Email Address _____

FATHER’S NAME _____

Cell Phone _____ Work Phone _____

Email Address _____

WHO, OTHER THAN A PARENT, IS ALLOWED TO PICK UP YOUR CHILD?

(Photo ID required for pick-up)

Name(s): _____

EMERGENCY CONTACT (Photo ID required for pick-up/release from TLC care)

Name(s) _____

Relationship _____ Phone Number _____

Name(s) _____

Relationship _____ Phone Number _____

Name(s) _____

Relationship _____ Phone Number _____

MEDICAL TREATMENT INFORMATION

Child's Insurance Information _____

Child's Doctor's Name and Office _____

Doctor's Phone Number _____

Does your child have Allergies, Medical Conditions or Special Needs? If YES, explain:

I am registering my child for the following class(s)/program(s) as initialed below and agreed upon by myself and a TLC teacher*.

Parent / Teacher Initials:

_____/_____**Minis:** 16 months – 2/3 years, T/TH, 9:00–11:30, max class size: 10, \$150/month

_____/_____**Middles:** 2/3 years – 3/4 years, M/W/F, 8:30–11:30, max class size 12, \$230/month

_____/_____**Big Kids:** 3/4 years – 4/5 years, M/W/F, 8:30–12:00, max class size 12, \$250/month, must be potty trained

_____/_____ *I agree to the following: In some cases children will not be ready to change classes or we will not know what level they should be in until the end of the current school year (May). In those cases, the parent and teacher will decide together at a later date.

_____ **Snack Time.** I agree to TLC's snack program, to sign up to provide one bulk size item at the beginning of each month to be pooled and distributed to each child for a quick and cohesive snack time.

Please initial EACH LINE indicating that you agree with our Releases and give us Permissions:

_____ I have been provided a copy, have read and agree to the Trinity Learning Center (TLC) Handbook guidelines.

_____ I give my permission for my child's photo to be used for TLC promotional material. No last names will be used unless parents give written permission prior to publication.

_____ I give my permission for my cell number & email address to be shared with other parents (in your child's class). Check which parent(s) to include: ___Mom ___Dad

_____ I give my permission for my child to be taken for walks, rides in the Bye-Bye Buggies, participate in the Pinehurst Splash Pad activity and/or swimming in the little swimming pools on the TLC premises, and play on any playground equipment on or off premises while in the care of the TLC employees.

_____ I do release Trinity Christian Fellowship and Trinity Learning Center, Pinehurst, North Carolina, and its agents, from all liability for injury or accident, and do give my permission to the TLC and/or church staff and employees to secure medical attention should the need arise.

Please initial EACH LINE indicating that you understand our Tuition Policies:

_____ Tuition will be charged whether your child attends class or not (vacations, doctor appointments, etc).

_____ The tuition amount has been calculated and has been set for the 2023-2024 school year. No changes or adjustments will be made; I understand and agree that all monies are non-transferable and non-refundable.

_____ Tuition is due on or before the first day of the month.

_____ **LATE TUITION FEES:** If tuition has not been paid by the 5th working day after the first day of the tuition month, a late fee of \$20 will be applied to your account. For tuition that has not been paid and has already assessed a \$20 late fee, you will continue to be charged \$5 per day until payment has been made.

_____ **LATE PICK UP FEES:** If you're more than 10 minutes late for pick up, a \$10 late fee will be applied to your account. Late fee balances for any reason, over \$50 will result in termination and your child's place will be given to another family.

Child's Full Name _____

Parent's Printed Name _____

Parent's Signature _____ Date _____

Teacher's Printed Name _____

Teacher's Signature _____ Date _____

Registration Amount Paid \$ _____ Date _____

About My Child: _____

If this is a new session/year, please add updates or changes and **return upon your child's first day of school.** Thank you!

Today's Date: _____

Eating Habits/Dietary Concerns: _____

Napping Habits/Concerns: _____

Specific Fears (dark, loud noises, dogs, etc.):

Siblings (name, age, M/F):

Other Important People (we should know, grandparents, aunts, uncles, etc.) and how the children address them (Mimi, Papa). We celebrate many holidays such as Grandparent's Day, etc. _____

Veteran's close to your child (dad, mom, Papa, Grammy, etc.)

Pet's: (name, dog/cat, M/F)

Play and Toy Preference (loves dinosaurs, dolls, cars, loves outdoors, water, etc.)

Favorite Color (for now) _____

Favorite Treat/Flavor (for now) _____

Anything else you would like us to know about your child (not noted elsewhere)

Please provide a **family photo** for our "All About Me" wall; this helps with separation and also provides an opportunity for the children to talk about their family. Drop off a hard copy, Email: info@trinitycf.net or text a copy to Ms. Laura at 910-638-9052.