



# Trinity Learning Center

## Enrollment Application

Full Name: \_\_\_\_\_  
Last First Nickname

Child's Physical Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Family Information** Child Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

What are your thoughts and priorities in choosing a preschool?

Why would you like to enroll at Trinity Learning Center?

List several adjectives that describe your child.

What is your preferred method of communication: face to face, email, phone, or messaging?

**All applications are reviewed for approval. You will be contacted if your child is accepted. All children are accepted on a two week probation period.**