



Trinity Learning Center

Information Form

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.

Does your child have any developmental delays, allergies, or other special needs? If yes what adaptations best help your child?

Do you or your child have an active DCF case?

All applications are reviewed for approval. You will be contacted if your child is accepted. All children are accepted on a 4 week probation period.