

TRINITY PRESBYTERIAN PRESCHOOL
REGISTRATION FORM - 2026 / 2027 SCHOOL YEAR

PLEASE READ CAREFULLY: I hereby make application for the admission of my child to Trinity Presbyterian Preschool. Along with this application, I am paying the **non-refundable enrollment fee** of **\$350** (\$250 registration fee and \$100 deposit towards tuition). I agree to pay tuition for the entire school year with payments beginning on May 8, 2026. We reserve the right to consolidate or cancel a class based on enrollment.

Child's Name _____ **Male or Female** _____
First Middle Last Name

Name you want your child to recognize and write in school _____ **Date of Birth** ____ / ____ / ____
(mm / dd / yy)

Address _____
Street Address City, State, Zip Code

Father's Info
Name
Phone #'s
Email Address
Employer

Mother's Info
Name
Phone #'s
Email Address
Employer

CUSTODY AGREEMENT (if applicable)	
Please provide the name of the person that does not have permission to take your child from the preschool.	
NAME _____	RELATIONSHIP _____
<i>A copy of the court decision must be on file for Trinity Presbyterian Preschool NOT to release a child to his/her noncustodial parent.</i>	

Please select the appropriate age group and class you are registering for below:		
2 Years Old Must be 2 on or before August 1, 2026	3 Years Old Must be 3 on or before August 1, 2026	4 Years Old Must be 4 on or before August 1, 2026
_____ 3 Day Class (M/W/F)	_____ 3 Day Class (M/W/F) _____ 5 Day Class (M-F)	_____ 3 Day Class (M/W/F) _____ 5 Day Class (M-F)

Monthly Tuition Cost (all ages)		
3 Day Classes	\$315.00	per month
5 Day Classes	\$400.00	per month

All 3 and 4 year olds must be toilet trained
(NO pull-ups) prior to the start of school.

Parent/Guardian Signature _____ Date _____

Trinity Presbyterian Preschool affirms its commitment to cultural diversity, and its program is available to all children of preschool age, without regard for race, sex, religion, or national origin.

A copy of your child's current Kentucky Immunization Certificate signed by your child's pediatrician must be turned in before the first day of school.

TRINITY PRESBYTERIAN PRESCHOOL

ENROLLMENT AGREEMENT - 2026 / 2027 SCHOOL YEAR

Child's Name

First

Middle

Last Name

A. PAYMENT POLICY

1. Preschool Registration: A student's enrollment fee of **\$350** (\$250 registration fee plus \$100 deposit towards the first month's tuition) is to be paid at the time of registration and is **non-refundable**. NO EXCEPTIONS.
2. Registration after May 8, 2026: Students enrolled after May 8, 2026 will pay the \$250 registration fee plus the first month's tuition.
3. No credit will be given for days the school is officially closed. (We follow JCPS calendar.)
4. No credit will be given for days missed due to illness, surgery, vacation, holidays, or inclement weather.
5. Tuition must be paid on time. A \$10 late fee will be charged for each week the tuition payment is overdue.

B. TERMINATION OF AGREEMENT

This agreement shall be terminated if one or more of the following occur:

1. Serious illness of the student prevents school attendance. (**Doctor's note required**)
2. The Preschool Board of Directors determines that the preschool is unable to meet the needs of the student.
3. The Preschool Board of Directors determines that it is not in the best interest of the preschool program or other students enrolled at the school to have the student in attendance.
4. The **entire** family moves 50 miles or more from the school area due to a change in employment.
(**Note: letter from employer is required.**)

C. PROCEDURES

In exercising its discretion under numbers B2 and B3 above, the school may require the student's parent(s) or guardian(s) to attend conferences with the Director and a representative of the Preschool Board regarding matters that potentially warrant termination of the Agreement. The student's parent(s) or guardian(s) may request a conference with the Director and Preschool Board representative regarding these matters that potentially warrant termination, but the school shall have no obligation to grant such a request. The Preschool Board of Directors' decision in any matter is final.

D. PAYMENTS

Monthly Payments - Payments are broken down into 9 months. The first month less the \$100 deposit is due by May 8th. The remaining payments are due by the 15th of the month beginning September 15th - April 15th.

3 Day Classes:	\$ 315.00 per month	/	\$2,835.00 per year
5 Day Classes:	\$ 400.00 per month	/	\$3,600.00 per year

In consideration of the Agreement of Trinity Presbyterian Preschool to enroll the above named student for the **2026-2027 school year**, the undersigned agrees to pay the annual tuition charge and comply with the terms of this Agreement.

This Agreement when accepted by the school becomes the unconditional obligation of the undersigned to pay the tuition for the full academic year, provided that this Agreement may be canceled by the undersigned in writing at any time prior to May 1, 2026, without obligation except forfeiture of the enrollment fee. Failure to pay the May 8, 2026 tuition charge shall not be considered notice of cancellation. Unless notice of cancellation is given, no portion of the annual tuition charge paid or outstanding balance will be refunded or forgiven.

Parent or guardian who is financially responsible for the student:

Parent/Guardian Signature

Date

Trinity Presbyterian Preschool affirms its commitment to cultural diversity, and its program is available to all children of preschool age, without regard for race, sex, religion, or national origin.

3. Do other adults (outside the child's home) understand your child's method of communication most of the time?

4. Is your child toilet trained?

5. Can your child verbalize when he/she needs to use the bathroom? If so, what word(s) do they use when they need to use the bathroom?

***TOILET TRAINING** - Children enrolled in a 2-year-old class do not have to be toilet trained. Children enrolled in a 3 or 4-year-old class must be toilet trained and able to care for their own bathroom needs. If your child is enrolled in a 3-year-old class or older and is not independently toilet trained by the first day of preschool, you will need to contact the Director. You may be assessed an added fee of \$25 per week to cover the cost of added staff to help with diaper/pull-up changing. Your child will have until september 25th to be independently toilet trained to remain in our program.

SOCIAL AND EMOTIONAL INFORMATION

1. Has your child had other preschool or group play experience? _____ If so, where? _____

2. What was your child's reaction? _____

3. What are your child's favorite indoor activities? _____

4. What are your child's favorite outdoor activities? _____

5. Does your child have special fears that you are aware of? _____

6. What method of discipline is used in your home? _____

7. What is your child's usual reaction to discipline? _____

8. How would you describe your child's personality? _____

Trinity Presbyterian Preschool wants your child's experience with preschool to be a positive one. The preschool reserves the right to release a child from the program if it is determined the child's developmental/special education needs cannot be met or the child does not adjust to the program in a timely manner. These decisions will be made on an individual basis by the Preschool Director and the Preschool Board of Directors.

If your child has developmental delays or special education needs, please contact the office at (502) 244-0054 so we can determine if our program can meet your child's needs.

Parent/Guardian Signature

Date

TRINITY PRESBYTERIAN PRESCHOOL

CHILD DEVELOPMENT PROFILE

Child's Name

First

Middle

Last Name

DEVELOPMENTAL HISTORY

This information will help your child continue their developmental progress in the classroom and help the teacher prepare for the school year. *Thank you for filling out all information completely!*

Do you currently have, or have you previously had, any concerns about your child's development in the following areas (please check the appropriate box for each area of development):

DEVELOPMENTAL AREA	NO concerns in this area of development	CURRENT CONCERNS	PAST CONCERNS	PLEASE DESCRIBE ANY PAST OR CURRENT CONCERNS
COMMUNICATION				
FINE MOTOR				
GROSS MOTOR				
SELF-HELP				
COGNITIVE / PROBLEM SOLVING				
SOCIAL SKILLS				
EMOTIONAL DEVELOPMENT				

1. Does your child currently, or did he/she previously, receive early intervention or therapy services? (speech therapy, occupational therapy, physical therapy, developmental intervention, nutrition services, etc.). If so, please list the type of therapy/service and the developmental goal(s) being addressed (communication, articulation, fine motor, sensory integration, etc.)

2. How does your child communicate (crying, pointing, single words, phrases, sentences)?
