

Re-Enrollment Application 2018-2019



ADMISSION APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE REGISTRATION FEE ACCOMPANYING IT.

Date Received Registration Fee & Application:

Student's Full Name: _____

Name To Be Used At School: _____

Date of Birth: ____/____/____ Age: _____

Gender: Male Female

SMART Enrollment: **MUST BE IN SYSTEM BY JULY 1**

- USE SAME INFORMATION AS LAST YEAR
- SUBMITTED NEW FORM

Health Records: **MUST BE IN BY DAY SCHOOL STARTS**

- Most current records on file in school office
- My child has a doctor appointment this summer

Grade Applying For:			
<input type="checkbox"/> 2-Day Preschool (3yrs)/Tue & Thur	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Third	<input type="checkbox"/> Sixth
<input type="checkbox"/> 3-Day Preschool (4yrs)/M,W,F mornings	<input type="checkbox"/> First	<input type="checkbox"/> Fourth	<input type="checkbox"/> Seventh
<input type="checkbox"/> 5-Day Preschool (4-5yrs)/afternoons	<input type="checkbox"/> Second	<input type="checkbox"/> Fifth	<input type="checkbox"/> Eighth

Parent Contact Information	Mother	Father
Name:		
Address:		
Work Phone:		
Cell Phone:		
Email Address:		
Place of Employment:		

Transportation	Will your child be picked up by car?	Yes	No
	If yes, please list all drivers who are authorized to pick up your child outside of emergency contact:		

BEFORE & AFTER CARE: Will your child be enrolled in the program? Yes No

If Yes, mark all that apply: Before Care After Care Wee Care

Health Information	
Child's Doctor:	
Clinic Address:	
Clinic Phone #:	
	Does your child have any health problems, allergies, or physical limitations? Yes No
	If yes, please explain:

Photo Consent	
<p>Many photos are taken of Trinity students during the school year for use in items such as the school newsletter, school publicity items, the school yearbook, etc. It is only with parents' permission that we will use your child's photograph for any of these items.</p> <p><i>Please check the following box that accurately expresses your desire:</i></p> <p><input type="checkbox"/> I give Trinity Christian School permission to photograph my child for the uses stated above for the 2018-2019 school year.</p> <p><input type="checkbox"/> I do <u>NOT</u> give permission for Trinity Christian School to photograph my child for the uses stated above for the 2018-2019 school year.</p>	
Student Name:	
Parent Signature:	Date:

SMART Tuition:

- I will continue with my current payment information
- I will submit new or updated SMART Tuition information (<https://enrollwithsmart.com>)

Carefully review your contact information, student information, and emergency contact information on Parent Portal through RenWeb.

Make any changes/updates online ASAP.

Parent Signature: _____

Date: _____