Trinity Episcopal Day School - Enrollment Application
2019-2020

Registration Fee: $75.00 (non-refundable)

Checks made payable to: Trinity Episcopal Day School or TEDS

Date of Application _____ Desired Date of Enrollment _____

Parent's Name _____ Child's Name _____

Child's Date of Birth _____ Boy _____ Girl _____

Address _____

(town, state, zipcode)

Mom's cell # _____ Dad's cell # _____

E-mail address _____ E-mail address _____

Do you give permission to send emails regarding our program? Yes _____ No _____

Please answer to help us better serve your child: (optional)

1. Language(s) spoken at home: _____
2. Was your child ever in a group experience? Yes _____ No _____
3. Does your child have any medical problems or allergies? Yes _____ No _____
   If yes, please explain:

   _____

   _____
4. Is there any other information we should know about your child? _____

   _____

   _____
5. Are you a current member of Trinity Episcopal Church of Cranford? Yes _____ No _____

Indicate your choice of classes below.
Due to a limited amount of spaces, please write 1st and 2nd for your preferences:

____Full Day 7:00am – 6:00pm **_____Core Program 9:00am – 3:00pm**

____AM Care 7:00am – 9:00am **_____ Aftercare 3:00pm – 6:00pm**

____Half Day 9:00 am- 12:00 pm

____ 3 day program Monday-Wednesday-Friday **_____ 5 day program Monday – Friday** **Other: _____**

(Please see reverse side)

Student Information

Child's Name: _____ Birth Date: _____

ALLERGIES:

Type of Reaction: _____

Treatment: _____

Is your child on any medication? _____ If so, please explain: _____

_____

_____

Other Information: _____

_____

_____

_____

Emergency Contacts:

1. _____ Phone #: _____
2. _____ Phone #: _____
3. _____ Phone #: _____

Person(s) authorized to pick up child:

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____