



Trinity Learning Center

Registration Fee: \$40 child or \$60 family

*Making a difference for Christ*

351 N. Delsea Drive, Clayton, NJ 08312 (856) 863-1103

[www.trinitylearningcenter.net](http://www.trinitylearningcenter.net)

Program enrolled in: \_\_\_\_\_

APPLICATION FOR CHILD'S ENROLLMENT

(Revised 4/13/2021)

Application Date \_\_\_\_\_ Referred by \_\_\_\_\_ Grade/Age \_\_\_\_\_

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_

Do you attend church? \_\_\_\_\_ If so, which church \_\_\_\_\_

	MOTHER		FATHER
Name		Name	
Home Phone	( )	Home Phone	( )
Cell Phone	( )	Cell Phone	( )
Home Address		Home Address	
E-mail Address		E-mail Address	
	Mother's Work		Father's Work
Name of Business		Name of Business	
Business Phone	( )	Business Phone	( )
Business Address		Business Address	

Please list below persons authorized to pick up your child and or contact in case of emergency if neither parent is available to assume responsibility for your child.

*\*If you have additional names, please provide them on a separate sheet of paper and attach\**

Name of Contact #1		Name of Contact #2	
Phone	( )	Phone	( )
Cell Phone	( )	Cell Phone	( )
Home Address		Home Address	
Relationship to child		Relationship to child	

Child's Doctor	
Phone	( )
Address	

C U S T O D I A N	Name of persons PROHIBITED from picking up the child: _____ If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of the appropriate court order.
E M E R G E N C Y	I have completed the medical emergency form which authorizes the center to seek emergency medical care for my child as deemed by the director, or director's designee.  Parent's Initials: _____
W A L K I N G	_____ I give permission for my child to participate in walking trips within the center's neighborhood. _____ I do not give permission for my child to participate in walking trips within the center's neighborhood.  Parent's Initials: _____
T O I L E T	<b>PRESCHOOL ONLY</b>
H O U R S	Please check the one that applies to your child:  _____ My child is toilet trained (Stays dry on a regular basis) _____ My child is almost there (Still has consistent accidents, but is attempting to use the potty) _____ My child is not toilet trained (Still in diapers/pull-ups and doesn't show an interest in potty training)
P O L I C I E S	I understand that TLC is open from 6:30am-6pm (subject to change) daily unless otherwise noted and I agree to drop off no earlier than 6:30am and pick-up no later than 6pm. In an effort to make sure we have the adequate staff available during the times needed, please fill out your pick-up and drop-off times below. We ask that you please maintain the hours indicated and if a change takes place, please notify the office of this change ASAP. Please indicate days needed: Drop off _____ Pick up _____ M T W R F Parent's Initials: _____  Does your child attend Simmons Elementary Preschool Program? Y or N _____ AM or _____ PM
T U I T I O N	<b>I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information for my (our) home records:</b>  1. Information to Parent's Document (attached – please pull off and keep for your records) ___Yes ___No 2. Policy on the Release of Children (in Parent Handbook) ___Yes ___No 3. Philosophy of Discipline (in Parent Handbook) ___Yes ___No 4. Policy on the Management of Illnesses/Communicable Diseases (in Parent Handbook) ___Yes ___No 5. Policy on the Expulsion of Children (in Parent Handbook) ___Yes ___No  Parent's Signature _____ Date _____
T U I T I O N	<b>I (we) attest that we have read and agree to the payment policy of TLC as stated in the handbook and agree to pay our tuition payment on time. I (we) understand that failure to pay tuition on the due date will result in my child not being able to return to TLC until the balance is paid in full.</b>  Parent's Signature _____ Date _____