

2020-2021 Registration Form
Trinity Day School
Infant/Toddler Class
(803)-775-0502

Date: _____

Full name of child: _____ Preferred Name: _____

_____ Male _____ Female Date of Birth: _____ How old as of (9/1)? _____

Mother's Name: _____ Father's Name _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Parents' E-mail address: _____

Cell Phone: (Mom) _____ Cell Phone: (Dad) _____

Child lives with: _____ both parents _____ mom _____ dad _____ other (please list: _____)

Do you have other children attending TDS? _____ yes _____ no

If yes, please list name and grade: _____

Registration Fee: \$125 (REGISTRATION FEE IS NON-REFUNDABLE)

Material Fee: \$35 (Due September 2020 and January 2021)

Please check the class you prefer for your child.

| | |
|-------------------------------------|--------------------|
| _____ Tuesday and Thursday | \$150 month |
| _____ Monday, Wednesday, and Friday | \$175 month |
| _____ Full Week (Monday-Friday) | \$200 month |

For office use: Date: _____ *Check #* _____