



Trinity Preschool

TOUCHING HEARTS, CHANGING LIVES

Child's Name: _____

D.O.B.: _____ Age: _____ Daytime Phone: _____

Parent/guardian: _____ Address: _____

City: _____ State: _____ Zip: _____

My child is currently enrolled at: _____ I would like my child to start by: _____

(Available openings can not be held for more than 1 week)

I'm interested in:

M-F Full time

M/W/F Part week (2-4 year olds only)

T/TH Part week (2-4 year olds only)

I plan to pay:

Weekly Monthly

----- (For Office Use Only) -----

Reg. Fee Paid \$ _____ Date Paid: _____

Paid by: Check # _____ Cash Receipt # _____

Rec'd By: _____ Date: _____

5401 N Loop 1604 E
San Antonio, TX 78247
(210) 653-2800