

TLC ADVENTURE PRESCHOOL

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Ann Arbor, Michigan 48103 e-mail preschool@trinityaa.org

—Registration Form—

What name would you and your child prefer us to use? _					
Child's full name	male ☐ female				
Child's birthdate					
Present address of child					
Languages spoken in the home					
Child's potty habits, transition and experience at home _					
Parent 1 Name					
Parent 1 Address					
Occupation	Business hours				
Email address					
Home phone	Work Phone				
Mobile phone	Church membership				
Parent 2 Name					
	Business hours				
Email address					
Home phone	Work Phone				
Mobile phone	Church membership				
For the safety and emotional needs of your child, please or lifestyle changes that may occur during the course of	inform your child's preschool teacher of any significant fa the school year.				
Names and ages of brothers and sisters (give birthdates)					

Any medical information that af	fects your child's w	elfare at school	(allergies, ear infectio	ns, major surgeries,
medications, etc.)				
Pediatrician's name and phone n	umber			
Is your child right- or left- hande	ed?			
Emergency name and phone nur	nber of a relative or	friend in town _		
Who can pick up your child from	n preschool and wha	at is their relation	n?	
Child's interests (pets, activities			, and the second	
Concerns which may affect your	child's participation	n in class		
If you (parent) have a special int	erest or talent you n	night be willing	to share with us, plea	se describe below:
Any other information we should	d know			
I give my permission to have my			preschool class list fo	or classroom activities,
pictures, birthdays, etc.	phone	☐ yes	□ no	
	address	☐ yes	☐ no	
I give my permission for my chi	ld's picture to be pu	blished on Trini	ty's website (www.tr	inityaa.org) provided there is
no personal or other identifying information			□ no	
Parent's Signature			Date	
How did you hear about TLC Ad	dventure Preschool?	☐ Friend's re	commendation \square A	dvertisement
Other				