

*Trinity Nursery School and Kindergarten*  
361 Sumner Avenue  
Springfield, MA 01108  
(413) 739-0028

To be completed by office  
Age September 1st : \_\_\_\_\_  
Personal Interview: \_\_\_\_\_  
Registration Fee: \_\_\_\_\_  
Pre-payment: \_\_\_\_\_

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICATION FOR ADMISSION:

NAME OF CHILD: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_  
No. Street City State Zip Code

HOME PHONE NO: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION:

MOTHER'S NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ HOURS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ HOURS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SESSION DESIRED: 5 Half days \_\_\_\_\_ 3 Half days \_\_\_\_\_ 2 Half days \_\_\_\_\_ Full Days \_\_\_\_\_ (5, 3, 2)  
circle one

HAS YOUR CHILD EVER ATTENDED NURSERY SCHOOL OR DAY CARE?: YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF CENTER: \_\_\_\_\_ DATES ATTENDED: \_\_\_\_\_

HOW WAS THE CHILD'S ADJUSTMENT?  
\_\_\_\_\_

IN CASE OF EMERGENCY, YOU HAVE MY PERMISSION TO CALL HER/HIS PEDIATRICIAN:

DOCTOR: \_\_\_\_\_  
NAME ADDRESS PHONE NUMBER

EMERGENCY CONTACTS: (NEAREST RELATIVE/FRIEND)

1. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NUMBER OF PEOPLE IN HOME: Adults: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Children: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Ages: \_\_\_\_\_

OTHER SIDE MUST BE SIGNED AND DATED

Briefly provide any information which will help us to know and understand your child, so that we may help him/her have a positive experience at school (upon completion of the registration process you will be given additional forms to give greater developmental details regarding your child):

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**PLEASE READ CAREFULLY BEFORE SIGNING**

**AGREEMENT:**

I understand that tuition (10 equal payments from September through June) is due in advance each month from the date of enrollment. If I wish to pay in larger blocks of time, that too must be made in advance of attendance. It is understood that tuition is payable through absences, school vacations/holidays/cancellations, and there will be no withdrawals after March 1ST. A WRITTEN NOTIFICATION OF WITHDRAWAL MUST BE GIVEN TWO WEEK IN ADVANCE OR A FULL MONTH TUITION IS PAYABLE.

A child must be two years and nine months of age for school. For kindergarten, the age requirements of the Springfield School system are followed, unless permission is given by the Director. A NON-REFUNDABLE registration fee of \$50.00 and ONE-MONTH DEPOSIT ARE REQUIRED (one month deposit is non-refundable).

The school has an orientation period for the child with which I will cooperate.

Notification of the reason for my child's absence should be made as soon as possible by phoning the school office and will be done IMMEDIATELY IN CASES OF COMMUNICABLE DISEASE.

In case of emergency, when none of the stated persons can be reached, including the child's pediatrician, the school may call the school doctor, or use any other means it deems necessary for the child's protection.

The school reserves the right of asking for withdrawal of any child, who, after a trial period is unable to adjust into the school's program, or whose parents do not cooperate with the school.

My permission is granted for vision and hearing screening to be done annually at Trinity. It is understood that occasional observations may take place in my child's classroom by student teachers or health care professionals. Any individual observations of a specific child will not occur without written consent from the parent or guardian. My child's address and phone number may be included on the class list to be distributed only to those families enrolled in the program (for birthday party invitations, play dates, etc.). Permission is hereby granted to use student's photographs for promotional purposes.

I understand that the information supplied on this application will be reserved for administrative purposes and emergency situations. Trinity Nursery School and Kindergarten reserves the right to confirm the information included on this application. The information contained in my child's file is confidential, but is available to the school administrator, classroom teachers, parent or legal guardian of the child, and regulatory authorities upon request.

**I HAVE READ AND AGREE TO THE ABOVE REQUIREMENTS:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The parent who signs this Enrollment Agreement represents that he/she has full authority to do so and will be responsible for the payment of all student fees.

DATE OF ENTRANCE DESIRED: \_\_\_\_\_

How did you hear about Trinity Nursery School and Kindergarten?

