

PRE-K & KINDERGARTEN APPLICATION

Page 1/2

Trinity Christian Academy

2119 Hartford Ave. | Johnston, RI 02919

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www.trinityri.org | info@trinityri.org

Application for Fall 20__ or Mid-Year 20__

Prospective Student Information

Student's Name _____
(Last, First, Middle)

Address _____
(Number, Street)

(City, State, Zip)

Age _____ Birth Date ____ / ____ / ____ Male _____ Female _____

Birthplace _____

PLEASE ATTACH
RECENT PHOTO

Parent/Guardian Information

Name _____
(Last, First, Middle)

Address _____
(Number, Street, City, State, Zip)

Email _____

Cell Phone () _____ Work Phone () _____

Name _____
(Last, First, Middle)

Address _____
(Number, Street, City, State, Zip)

Email _____

Cell Phone () _____ Work Phone () _____

Marital Status:

Married _____ Separated _____ Divorced _____ Widowed _____ Never Married _____

Spiritual Information

Church Name _____ Address _____
(City/State)

Pastor's Name _____ Telephone () _____

Father: Christian? Yes ___ No ___ Mother: Christian? Yes ___ No ___

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Page 2/2

General Information

How did you hear about this school? _____

Reason for selecting Trinity Christian Academy _____

For Pre-K Only (Please see Pre-K Tuition Plans)

Pre-K Plan Selection A (5 Days) _____ B (3 Days) _____ C (2 Days) _____

In an effort to teach your younger child more effectively, the following information would be helpful for our early education teachers & monitors. Thank you.

Pre-K & Kindergarten Acceptance Criteria

- The child must be 4 years of age.
- The child must be potty trained.
- The child can be left without their parent/guardian during the school day.
- The child must have rudimental understanding of the English language.
- The child must be able to sit for at least 15 minutes for instructional time.

Skills (Please Circle)

Does your child speak English?	Yes	No	Does your child know their ABC's?	Yes	No
Can you child count to ten?	Yes	No	Is your child potty trained?	Yes	No

Health Issues (Please check all that apply to your child currently)

4 or more colds yearly	_____	Fainting spells	_____	Hearing difficulty	_____
Frequent sore throat	_____	Abdominal pains	_____	Tires easily	_____
Poor vision	_____	Frequent urination	_____	Breath shortness	_____
Frequent leg pains	_____	Allergy	_____	Hernia (rupture)	_____
Dizziness	_____	Persistent Cough	_____	Ringworm	_____
Frequent sties	_____	Speech difficulty	_____	Nosebleed	_____
Crippling conditions	_____	Dental defects	_____	Crowing Pains	_____

Personal Characteristics (Please answer the following)

Is your child shy?	_____	Is your child overactive?	_____
Does your child have excessive fears?	_____	Does your child suck his/her thumb?	_____
Does your child like school?	_____	Does your child play well with others?	_____
Does your child bite his/her fingernails?	_____	Does your child have temper tantrums?	_____
Does your child eat breakfast?	_____	What time does your child wake up?	_____
What time is your child's bedtime?	_____		

Parent or Guardian's Signature _____ Date _____

**This application, \$100.00 registration fee and all accompanying forms must be completed prior to student's enrollment.
(\$50.00 registration fee per additional student)**