

Trinity Christian Preschool & Child Care Center

1556 Rex Drive, Orrville, Ohio 44667
trinitychristianpreschool@orrvilletrinity.com
330.682.1383

2024-2025 Preschool Registration Application

Student Name:	Birthdate:	M___ F___
Parent/Guardian Names:		
Address:	City:	State: Zip Code:
Phone Number:		
Email Address:		

Please read and select preferences in boxes 1 and 2 then total your fees in box 3.

1. SELECT PRESCHOOL CLASS (✓ To Select)

✓	Preschool Classes	Days & Times	Preschool Tuition
	3-4 Year Old's 2 days/week (Must be age 3 by 8/1/24 & potty-trained) For young 4 yr olds attending another year of preschool	Tuesday/Thursday 9:00 AM-11:30 AM	\$1,125/year (9 payments of \$125)
	Pre-K 1 3 days/week (Must be age 4 by 8/1/24)	Monday/Wednesday/Friday 9:00 AM-12:00 PM	\$1,485/year (9 payments of \$165)
	Pre-K 2 5 days/week (Must be age 4 by 8/1/24)	Monday - Friday 9:00 AM-12:00 PM	\$1,980/year (9 payments of \$220)

2. CHILD CARE: (✓ To Select)

Trinity Christian Preschool offers Child Care before and after preschool. (Monday-Friday, 7:30 AM - 5:00 PM)

✓	I am interested in Child Care as follows:
	Child Care not needed.
	I am not sure if Child Care will be needed.
	I need Child Care before and/or after preschool on the days my child attends preschool. Tentative Schedule:

Child Care Tuition: \$6.00/hour, \$30.00 maximum/preschool days

Continues on Reverse ➔

3. REGISTRATION FEES DUE WITH REGISTRATION FORM

(To select required fees ✓ in the appropriate column)

	✓	Amount Due before June 30, 2024	✓	Amount Due after June 30, 2024
1. Preschool Registration Fee (non-refundable) Includes art & curriculum fees		\$65/child \$120/family maximum		\$75/child \$140/family maximum
2. Child Care Registration Fee (when also enrolled in Preschool) (non-refundable)		\$20/child		\$20/child
3. Child Care Only Registration Fee (non-refundable)		\$35/child		\$45/child
4. Total Due				

Parent Signature _____ Date _____

To complete registration, return form with registration fees payable to
Trinity Christian Preschool.

For TCP to complete Date: _____ Amount Enclosed: _____ Check Number: _____