



TINY TROJANS PRESCHOOL
2011-2012 School Year
APPLICATION AND REGISTRATION

Name of Child: \_\_\_\_\_ Application Date: \_\_\_\_\_
First Last

Birthday: \_\_\_\_\_ Age of Child (as of 8/31/11) \_\_\_\_\_
Years/Months

Class Choice: (M-T-W) AM (4-5 year olds) (2 hours/am) (\$80/mo) \_\_\_\_\_
(M-T-W) PM (3-4 year olds) (2 hours/pm) (\$75/mo) \_\_\_\_\_

Parent's Name (s) (Mom & Dad) \_\_\_\_\_
Child's Primary Mailing Address: \_\_\_\_\_

Child's Primary Home Telephone \_\_\_\_\_ Parents Cell \_\_\_\_\_
Parents' email address \_\_\_\_\_

Mom's Place of Employment and Telephone Number
\_\_\_\_\_

Dad's Place of Employment and Telephone Number
\_\_\_\_\_

Health notes we need to be aware of-Please List:
Allergies & Foods Child Can Not Eat \_\_\_\_\_
Chronic Illnesses \_\_\_\_\_
Medicines Child Needs at School \_\_\_\_\_

Emergency Contact if Parent(s) can not be reached - two please
#1 (Name, Address and Telephone) \_\_\_\_\_
#2 (Name, Address and Telephone) \_\_\_\_\_

Who is AUTHORIZED to TAKE your child from the Preschool:
Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_
Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

Please send this registration form and the \$45 application fee to
Tiny Trojans Preschool, OHS, % Jana Heistand/Mary Tuffley P.O. Box 8 Silverdale, WA 98383
360.662.2807 Office 360-990-9747 Summer contact