

	TIN	NY TROJANS PRESCHOOL
		2011-2012 School Year
		APPLICATION AND REGISTRATION
Name of Child: _		Application Date:
	First	Last
Birthday:		
		Years/Months
:lass 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)
arent's Name (s)	(Mom & Dad)	
Child's Primary Mo	ailing Address:	
11 11 11 15 1	-	
Child's Primary <u>Ho</u> 'arents' email add	•	Parents Cell
arems email add	11.622	
Nom's Place of Em	anloyment and Te	elenhone Number
		·
Mom's Place of Em		·
		ephone Number
oad's Place of Emp	ployment and Tel	ephone Number
oad's Place of Emp Health notes we n	ployment and Tel	dephone Number
oad's Place of Emp Health notes we n Allergie	ployment and Tel	lephone Number of-Please List: Can Not Eat
Dad's Place of Emp Health notes we n Allergie Chronic	ployment and Tele	dephone Number
oad's Place of Emp Health notes we n Allergie Chronic Medicina	ployment and Teleseed to be aware s & Foods Child Collinesses	dephone Number of-Please List: Can Not Eat t School
Dad's Place of Emp Health notes we n Allergie Chronic Medicino	ployment and Tele meed to be aware s & Foods Child C Illnesses es Child Needs at	dephone Number of-Please List: Can Not Eat t School and n not be reached - two please
dad's Place of Employers Health notes we note that the Allergies Chronic Medicines Emergency Contact (Name, Address)	ployment and Telesed to be aware s & Foods Child Callnesseses Child Needs at the control of the control o	dephone Number of-Please List: Can Not Eat t School n not be reached - two please)
dad's Place of Employers Health notes we note that the Allergies Chronic Medicines Emergency Contact (Name, Address)	ployment and Telesed to be aware s & Foods Child Callnesseses Child Needs at the control of the control o	dephone Number of-Please List: Can Not Eat t School and n not be reached - two please
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