

Trinity

Learning

Center



Where learning and fun are one

Office Phone: 254-5819

E-Mail: childcare@trinitysc.org

WAITING LIST APPLICATION

Jean Knowlton

Director

Trinity Learning Center

Date: _____

Child's Name _____

Class Requested _____

Birth/Due Date _____ Nickname _____

School Year Entry Date: SEPTEMBER _____ Desired date if available: _____

Father's (Guardian) Name _____

Occupation _____ Name of Firm _____

Business Phone _____ Cellular Phone _____

E-Mail Address _____

(Please write clearly)

Mother's (Guardian) Name _____

Occupation _____ Name of Firm _____

Business Phone _____ Cellular Phone _____

E-Mail Address _____

(Please write clearly)

Currently Enrolled Siblings: _____

Alumni _____

Church Member: _____

Up to date Immunizations Records are required for attendance.

This application is valid for four years from today's date.

You must remain in touch by email to let us know of your continued interest.

During this four year period you may receive an email asking if you are still interested in remaining on our waiting list. Please respond quickly to let us know of your interest because this indicates you are getting close to an opening.

You must fill out separate applications for each child.

Amount Paid: \$ 175.00

Check Number _____

_____ Tour Date

Follow up: _____