

PRE-K & KINDERGARTEN APPLICATION

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Trinity Christian Academy

2119 Hartford Ave. | Johnston, RI 02919

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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

Parent/Guardian's Name _____

(Last, First, Middle)

Address _____

(Number, Street, City, State, Zip)

Email _____

Cell Phone () _____ Work Phone () _____

Spiritual Information

Church Name _____ Address _____

(City/State)

Pastor's Name _____ Telephone () _____

Father: Christian? Yes _____ No _____

Mother: Christian? Yes _____ No _____

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) _____

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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)