

# Trinity Episcopal Day School

## 2026-2027 ENROLLMENT APPLICATION

Name Of Child:		Birthdate:	Enrollment Date:
PARENT/GUARDIAN INFORMATION	<i>Please check the box ( <input type="checkbox"/> ) to indicate the primary residence of the child listed above.</i>		
	<b>PARENT/GUARDIAN # 1</b>		<b>PARENT/GUARDIAN # 2</b>
	Name:	Name:	
	Relationship:	Relationship:	
	Cell Phone:	Cell Phone:	
	Home Phone:	Home Phone:	
	<input type="checkbox"/> Home Address:	<input type="checkbox"/> Home Address:	
	Employer Name:	Employer Name:	
	Employer Phone:	Employer Phone:	
	Employer Address:	Employer Address:	
E-Mail Address:	E-Mail Address:		
EMERGENCY CONTACTS	Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.		
	Contact Name #1:	Contact Name #2:	Contact Name #3:
	Relationship:	Relationship:	Relationship:
	Cell Phone:	Cell Phone:	Cell Phone:
	Home Phone:	Home Phone:	Home Phone:
	Employer Phone:	Employer Phone:	Employer Phone:
CUSTODY	Name of person PROHIBITED from picking up your child:		
	If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.		
PERMISSIONS	<input type="checkbox"/> I give permission for my child to participate in <b><u>WALKING TRIPS</u></b> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.	<input type="checkbox"/> I <b><u>DO NOT</u></b> give permission for my child to participate in <b><u>WALKING TRIPS</u></b> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.	
	<input type="checkbox"/> I give permission for my child to be <b><u>PHOTOGRAPHED</u></b> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.	<input type="checkbox"/> I <b><u>DO NOT</u></b> give permission for my child to be <b><u>PHOTOGRAPHED</u></b> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.	

RECEIPT OF POLICIES	<p>I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information:</p> <p>Center Policies and Procedures  Information to Parents Document  Policy on the Expulsion of Children from Enrollment  Policy On the Use of Technology and Social Media  Policy On the Management of Illnesses/Communicable Diseases  Policy On the Release of Children  Policy on the Methods of Parental Notification of Injuries (if applicable) Other:    Other:</p>		
MEDICAL INFORMATION	Child's Health Care Provider:		
	Health Care Provider Phone:		
	Health Care Provider Address:		
	Name Of Insurance Company/HMO:		
	Group #:		
	Identification #:		
	Subscriber's Name On Insurance Card:		
	Known Allergies (including medication):		
	Medication My Child Is Taking:		
	List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information for Emergency Situations:		
HEALTH STATEMENT	<p>As the parent/guardian of the above-named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs.</p>		
	<p>Parent/Guardian Initials:</p>		
EMERGENCY TREATMENT	<p>As the parent(s)/ legal guardian(s) of the above-named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.</p>		
	<p>Parent/Guardian Initials:</p>		
Parent/Guardian Signature #1:		Date:	Parent/Guardian Signature #2:
		Date:	

# Trinity Episcopal Day School

## Registration Fee: \$75 (non-refundable)

Checks made payable to: Trinity Episcopal Day School or TEDS

Do you give permission to send emails regarding our program: Yes \_\_\_\_ No \_\_\_\_

Please answer to help us better serve your child: (optional)

1. Language(s) spoken at home: \_\_\_\_\_

2. Was your child ever in a group experience: Yes \_\_\_\_ No \_\_\_\_

3. Is there any other information we should know about your child?  
\_\_\_\_\_

4. Are you a current member of Trinity Episcopal Church of Cranford? Yes \_\_\_\_ No \_\_\_\_

**Indicate your choice of classes below. Due to a limited number of spaces, please write 1<sup>st</sup> and 2<sup>nd</sup> for your preferences:**

Half Day 9am-12pm

Core Program 9am-3pm

Full Day 7am-6pm

Full Day Transitional Kindergarten 9am-3pm

(Transitional Kind. Must be 5 days)

AM Care 7am-9pm

AM Care w/busing to public school

Pre-K-Kind. Aftercare 3pm-6pm

1<sup>st</sup>-5<sup>th</sup> grade Aftercare 3pm-6pm

### **Check of the number of days your child will attend weekly**

3 Day Program

Circle the 3 days you choose:

M T W Th F

4 Day Program

Circle the 4 days you choose:

M T W Th F

5 Day Program

