



**TRINITY UNITED METHODIST PRESCHOOL**  
**Registration Form**

Please indicate the session that you prefer:

Mon. thru Fri.	5 day, 9-11:30 am	_____ \$160.00/month
Mon./Wed./Fri.	3 day, 9-11:30 am	_____ \$120.00/month
Mon./Wed./Fri.	3 day, 12:30-3 pm	_____ \$120.00/month

Date of registration: \_\_\_\_\_

Child's first, middle, last name: \_\_\_\_\_

Child's name (what he/she goes by): \_\_\_\_\_

Parent(s) name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Backup telephone number: \_\_\_\_\_

Father's place of employment: \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_

Babysitter's name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Child's age (**please indicate birth date**): \_\_\_\_\_

(child needs to be near 4 years of age by October 1 of school year)

Is your child right or left handed? \_\_\_\_\_

Name (and ages) of siblings: \_\_\_\_\_

(OVER)

Name of pet (if any): \_\_\_\_\_

Child's favorite book(s): \_\_\_\_\_

Child's favorite TV show(s): \_\_\_\_\_

Child's favorite toy(s): \_\_\_\_\_

Has child had previous experience in school? \_\_\_\_\_

Child's T-shirt youth size please circle:    Youth Small       Youth Medium

Church affiliation: \_\_\_\_\_

Anything else you would like us to know about your child?  
(allergies, fears, handicaps, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you want out of your child's preschool experience? (Please be specific)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return this form and \$50.00 (non-refundable) registration fee to:**

Penny Allen  
530 Guilford Street  
Huntington, IN 46750  
260-388-3840

Make checks payable to: Trinity UMC Preschool

If you feel that you are in need of financial assistance for the 2025-2026 school year, contact Mrs. Allen for scholarship information.

Thank you!!