



# Registration Application

## 2026-2027

Please complete the following registration form and return it to the Trinity Baptist Church Office at 22550 Twp Rd 530, Sherwood Park, AB, T8A 4T7.

- **Registrations are processed in the order they are received and are time stamped.**
- Please ensure that all necessary payment documentation is included upon submission of application. **If possible, please fill out by typing or print clearly, as incomplete or illegible applications cannot be processed in the order that they are received.**

Once your registration is processed you will receive a confirmation email. More information regarding the start dates for Fall 2026 and other details will follow in August 2026.

**Applying for:**

☐ **3-YEAR-OLD CLASS** (Tues/Thurs)

Registration Fee \$50

\$67.00/month for parents (\$167-\$100 affordability grant)

**\*Children must be 3 years of age by October 31<sup>st</sup> of the year they begin preschool. \***

**Applying for:**

☐ **4-YEAR-OLD CLASS** (Mon/Wed/Fri)

Registration Fee \$50

\$92.00/month for parents (\$192-\$100 affordability grant)

**\*Children must be 4 years of age by December 31<sup>st</sup> of the year they begin preschool. \***

*If your child's fourth birthday falls between October 31<sup>st</sup> and December 31<sup>st</sup> and/or you are considering starting kindergarten once your child is already five, the optimal class to register for will be the 3-year-old class.*

**All registration forms must include:**

- ☐ Completed Signed Application Form (all *\*starred\** categories must be filled) **Print clearly**
- ☐ Signed Covenant Form
- ☐ Cheque / Cash for Registration Fee (non-refundable) *Cheque payable to Trinity Baptist Church*  
**We cannot accept automatic withdrawal or e-transfer. Sorry for the inconvenience.**
- ☐ Completed and Signed Pre-Authorized Payment Information Page
- ☐ Void Cheque or Account Information

**\*\*Child's Full Name** \_\_\_\_\_

Preferred Name (classroom use): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
dd/mm/yyyy

Child's Complete Address: \_\_\_\_\_  
(house address, city, postal code)

Child's sex : ☐ Male ☐ Female

**\*\*Parent/Guardian #1** *(Primary Contact)*

**Please print clearly**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Complete Mailing Address (include postal code): \_\_\_\_\_

Physical Address

(If different from above): \_\_\_\_\_

**house address, city, postal code**

Email: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**\*\*Parent/Guardian #2** *(Secondary Contact)*

**Please print clearly**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Complete Mailing Address (include postal code): \_\_\_\_\_

Physical Address

(If different from above): \_\_\_\_\_

**house address, city, postal code**

Email: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**\*\*Emergency Contact** *(Non-Parent/Guardian)* Please fill in **all** blank spaces. Address must be local.

**Please print clearly**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physical Address

**house address, city, postal code**

Relationship to Child: \_\_\_\_\_

**Alternative Pickups: (optional)** We recognize that at times other individuals need to pick up your child. We will only release your child to the names on this registration form. If someone else will be picking up your child, please inform the teachers on an individual basis, in writing. Below you may list two alternate contacts who could regularly pick up your child.

**Your child will not be released to anyone else without prior arrangement. We reserve the right to request photo identification if deemed necessary for the safety of your child.**

Name #1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name #2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\*\*Are there any custody disputes we should be aware of? ☐ YES ☐ NO

\*\*Are there any specific individuals who may attempt to contact your child and are specifically prohibited to do so?  
☐ NO ☐ YES (Please list) \_\_\_\_\_

### **About Your Child**

Are your child's immunizations up to date? ☐ NO ☐ YES

Is your child on daily medication? ☐ NO ☐ YES (Please list) \_\_\_\_\_

Does your child have any allergies? ☐ NO ☐ YES (Please list) \_\_\_\_\_

Does your child have any diagnosed special needs or developmental challenges?

☐ NO ☐ YES (Please explain)

If yes, what inclusion supports does your child access/require?

If yes, will your child be accompanied by an aide?

Does your child have any undiagnosed challenges we should be aware of? For example: potential speech, vision, hearing, gross motor skills, etc. ☐ NO ☐ YES (Please Describe....)

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Are there concerning behavioral patterns that we should be aware of? (For example, running, hiding, biting, etc.) ☐ NO ☐ YES (Please describe.....)

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### **Additional Information**

Is there anything else you would like to share about your child?

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Are there other children in the family? If yes, please list names & ages:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

In a social setting, is your child: ☐ Hesitant ☐ Comfortable ☐ Very Outgoing

**\*\*All children attending this program should have bathroom independence skills including wiping by the time classes begin in September. Teachers do not potty train students. For further policies regarding washroom independence please see the 2026-2027 Parent Handbook or speak with a teacher/director of our program. \*\***

How did you hear about Trinity Preschool? \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize that the above information is current and accurate.

\_\_\_\_\_  
Print and sign parent/guardian full name

\_\_\_\_\_  
Date



## Parent/Guardian Covenant

I, \_\_\_\_\_, hereby understand and agree to the following:  
print full name

- A. As a parent/guardian, I have the freedom to approach the Trinity Preschool staff with any questions or concerns I may have regarding my child.
- B. Trinity Preschool is a faith-based preschool, and our program includes spiritual components which may include, but are not limited to, Bible stories, songs, and/or prayer times. By signing below, I am giving permission for my child to be included in all aspects of the Trinity Preschool program, including the spiritual components.
- C. I will ensure that adequate funds will be available for my child's monthly tuition payments. Should a payment be returned to Trinity Baptist Church as NSF, I agree to pay an additional \$25.00 NSF charge and will forward the missed payment, along with the additional NSF fee, to Trinity Baptist Church, in cash, within 10 days of receiving notification of the missed payment.
- D. In the event of a medical emergency, I hereby authorize the staff to seek medical treatment for my child from any doctor or medical personnel deemed appropriate by staff. If an ambulance or other emergency services is required, I acknowledge that this service will be provided at the parent/guardians' expense.
- E. Should my child require medication to be administered by Trinity Preschool Staff, I will complete the appropriate paperwork supplied by the Preschool Staff.
- F. I hereby grant Trinity Preschool Staff permission to administer life-saving medicine or treatment in case of an allergy or emergency. (i.e.// Epi-pen, etc.)
- G. I will abide to the drop off and pick up times as detailed in the Trinity Preschool Handbook.
- H. I acknowledge that, as part of the Trinity Preschool program, my child will be taken outside to play, walk, and explore around the Trinity Baptist Church property when the weather is appropriate.  
(i.e.// Above -22°C)
- I. I agree to promptly update the Trinity Preschool or Church Office with any changes to address, contacts, contact information, or other information vital to the care of my child.
- J. I hereby grant permission for my child to be photographed, recorded and/or videotaped for the purpose of in-class sharing with parents of Trinity Preschool and/or to be used for Trinity Preschool or Trinity Baptist Church events.
- K. I hereby agree to provide one month's written notice to Trinity Baptist Church Office should I intend to withdraw my child from the Trinity Preschool Program. I acknowledge that withdrawing my child from the program will result in my forfeiting their spot as of the date of notification of withdrawal. I further acknowledge that neither the activity fee, nor the registration fee will be returned to me, regardless of when the withdrawal occurs in the school year.

- L. I hereby agree that my child's registration may be withdrawn should my child engage in ongoing and repetitive behavior that is aggressive, destructive or jeopardizes the safety of staff, children of the Trinity Preschool or facilities.
- M. The full monthly fee applies even if the registered child only attends part-time. For example, if your child only attends two of the three days for the Mon/Wed/Fri class, or one of the two days for the Tues/Thurs class, the full monthly fee will still apply.

<hr/>	
Print parent/guardian full name	
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Signature of parent/guardian full name	Date

## Trinity Baptist Preschool Pre-Authorized Payment Information

Name(s): \_\_\_\_\_

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

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

*I/we, hereby request and authorize Trinity Baptist Church to withdraw from my/our bank account the following payment: **(Please supply a void cheque or account information which provides bank information for the pre-authorized payment\*\*)***

☐ **3-YEAR-OLD CLASS** (Tuesday & Thursday – \$67/month)

☐ **4-YEAR-OLD CLASS** (Mon/Wed/Fri – \$92/month)

*I/we, hereby request that the above TOTAL be withdrawn on the following date every month.*

☐ **1<sup>st</sup> of every month**

☐ **15<sup>th</sup> of every month**

### **AUTHORIZATION**

I/we, \_\_\_\_\_, hereby authorize Trinity Baptist Church to withdraw the above amount, monthly, on EVERY DATE requested above, until such time as this authorization is cancelled or amended in writing. I/we acknowledge that any additions, changes, or cancellations may take upwards of 30 days to take effect.

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER

**\*\*Please note that returning families must re-submit, every year, financial deposit information in addition to this authorization.**