

Please submit a copy of your child's Birth Certificate along with your Registration Form.

Student's Last Name Student's First Name (Please Print)	Date of Birth	Gender		
Preferred Student's First Name				
Parent/Guardian Name	Phone	Phone Number		
Parent/Guardian Address	Email /	Email Address		
Program Options				
Please indicate your first and second choice.				
Monday and Wednesday Morning 8:40 AM – 11:20 AM				
Monday and Wednesday Afternoon 12:00 PM – 2:40 PM				
Tuesday and Thursday Morning 8:40 AM – 11:20 AM				
Tuesday and Thursday Afternoon 12:00 PM – 2:40 PM				
Students must be three years of age and fully toilet trained (with the	e exception of student	s with special needs.)		
<u>Student Information</u> Has this student accessed or been recommended for intervention services	? Yes No			
If yes, please check all that apply:				
Speech Language Therapy 🗌 Learning Support 🗌 Social/Emotional Be	havioral Support 📋 (	Occupational Therapist		
If your child has been assessed, please indicate who recommended it? (Exa	ample: Child's Dr)			
Allergies:				
Fees				
Program Fees are \$1250 for the full year. A \$125.00 deposit is required at (please postdate the cheque to August 31, 2024) or you may e-Transfer to child's name in the message). This deposit will be applied to your Septemb Government Grant. Eligible families may apply for a \$125 per month affor government (meaning eligible families can access the program for free aff	b <u>tca.info@ghsd75.ca</u> ber fees unless you are rdability preschool gra	(please ensure to put your e approved for the Alberta ant through the Alberta		

the beginning of the year or monthly (\$125) on the first of the month starting in October. Monthly payments may be made by cash, eTransfer, or postdated cheques for the first of each month to the office. You may also pay online through our SchoolCash Online portal (<u>www.trinitychristianacademy.ca</u> and click on Quick Links found at the right of the Home page).

I would like to pay: 📋 Online	Post-Dated Cheques	Cash	eTransfer	
Parent Information				
Parent				
Signature				