



TRINITY CATHOLIC SCHOOL
PRE-KINDERGARTEN PROGRAM SELECTION

Child's Name _____ Grade _____

PRE-K3

Please complete the following to indicate your choice of program for your child.

5 Days Full Day 7:50 – 2:30 _____

5 Days Half Day 7:50 – 11:30 _____

3 Days M W F Full Day 7:50 – 2:30 _____

3 Days M W F Half Day 7:50 – 11:30 _____

I am interested in the Beyond the Bell After School Care Program
(Extra fees apply) _____

I am interested in occasional Lunch Bunch Participation
(Occasional full day for half day students – Extra fees apply) _____

My child has a sibling who attends Trinity Catholic School _____

PRE-K4

Please complete the following to indicate your choice of program for your child.

5 Days Full Day 7:50 - 2:30 _____

5 Days Half Day 7:50 - 12:00 _____

Parent Signature

Date