



**Trinity Preschool**  
651 Dranesville Rd. Herndon, VA 20170  
4-Year-Old Registration Application 2026-2027

CHILD'S NAME \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_ SEX \_\_\_\_\_ AGE BY SEPT. 30, 2026 \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

CHILD'S DATE OF BIRTH \_\_\_\_\_ WHAT DOES CHILD LIKE TO BE CALLED? \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_ EMAIL \_\_\_\_\_

Does child live with both parents? \_\_\_\_\_ If not, who is to be primary contact? \_\_\_\_\_

What language(s) are spoken at home? \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

If an adult other than the parent cares for the child during the day, please complete the following information:

Caregiver's Name \_\_\_\_\_ Phone \_\_\_\_\_

Previous preschool or daycare experience? \_\_\_\_\_

Does child have an I.E.P. on file from county schools for educational needs? \_\_\_\_\_  
If yes, please submit a copy of the I.E.P. with your application.

Does child have allergies or health concerns? No \_\_\_\_\_ Yes \_\_\_\_\_ Please detail: \_\_\_\_\_

*All students need to be fully potty trained and able to use the toilet independently.*

**4- and 5-year-old CLASS OPTIONS** – place a check mark by your choice(s) (Prices are per month)

Early Bird 8AM – 9AM: \_\_\_\_\_ 4 DAY \$148  
\_\_\_\_\_ 5 DAY \$185

Preschool Program 9AM – 1PM: \_\_\_\_\_ 4 DAY M-T-W-TH \$545  
\_\_\_\_\_ 5 DAY \$614

Extended Day 1PM – 4:30PM: \_\_\_\_\_ 4 DAY \$420  
\_\_\_\_\_ 5 DAY \$525

CHECK ONE: Current Student/Sibling \_\_\_\_\_ Church Member \_\_\_\_\_ Alumni Family \_\_\_\_\_ New Student \_\_\_\_\_

A registration fee of \$100.00 per family (check payable to TPP) should accompany this form.

The registration fee is not refundable once a class placement has been made.

Mail your form and fee to: Trinity Preschool, 651 Dranesville Rd. Herndon VA 20170