



Trinity Covenant Church
7 Clematis Road, Lexington, MA 02421
agracekids.org
email: director@agracekids.org
781-325-8855

**** APPLICATION FOR ENROLLMENT – NEW STUDENT ****

School Year: 2018 - 2019

Child's name: _____ My child likes to be called: _____

Birthdate: _____ Age as of September 1: ____ years ____ months

Parent 1

Name: _____

Address: _____

Phone: _____

Cell: _____

Email: _____

Parent 2

Name: _____

Address: _____

Phone: _____

Cell: _____

Email: _____

- Non-Refundable Registration Fee: \$200.00 per child.
- My child is allergic to the following: _____
- My Child has no known allergies (This information will not affect your child's application; it is for planning purposes only).

To register for a program, **please indicate your preferences by writing 1st and 2nd on the lines.** We will do our best to accommodate your 1st choice, but please note that programs do fill up quickly! Daily school hours are 9:00 - 12:00. (Children bring their own snack to school.)

Butterflies

2yrs. 9 mos. and up as of 9/1

____ 2 days, T/Th mornings

____ 3 days, M/W/F mornings

____ 5 days, M-F

Grasshoppers

Mixed ages, 3yrs. 6 mos. and up as of 9/1

____ 4 days, M, T, W, Th, F (circle day off,
final day off will be determined in March)

____ 5 days, M-F

Dragonflies

4 years and up as of 9/1 (Pre-Kindergarten)

____ 5 days ONLY, M-F

We are interested in the following

- Lunch 12:00-1:00 (drop in or pre-registered)
- Extended Day 12-3:00 (pre-registered)

Signature of Parent or Guardian: _____ Date: _____