



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

**** APPLICATION FOR ENROLLMENT - RETURNING 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: \$100.00 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)

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: _____