



Trinity Episcopal Church Roslyn

Child Care Center

A spirited place for all children

REGISTRATION FORM

Child's Name(s) _____

Parent Name(s) _____

Address _____

Home Phone _____

Cell Mom _____

Dad _____

Email address _____

Child's Date of Birth _____

Please place a check by all that apply:

Full Day _____

Half Day Morning _____

Afternoon _____

Mini Day Morning _____

Afternoon _____

M _____ T _____ W _____ Th _____ F _____

_____ Yes, I am a Member of Trinity Episcopal Church (discount applies)

_____ Yes, I was referred to your center through Roslyn Trinity Co-op

We have very flexible scheduling to fill your needs!

