

For Office Use Only

2026 - 2027
REGISTRATION

Received _____
Reg. Fee _____
Check # _____
Conf. Letter _____
Tour Date _____



15 S. Fileys Road
Dillsburg, PA 17019
(717) 432 - 2037

DillsburgPreschool@trinitycamphill.org

(PLEASE PRINT)

Child's Name: _____
Last First Middle

_____ Girl _____ Boy Date of Birth: _____
Month Day Year

Name you wish your child to be called at school: _____

Address: _____
Street
_____ City _____ State _____ Zip Code _____ Preferred Phone Number

Parent/Guardian: _____ Parent/Guardian: _____

E-mail _____ E-mail _____

*To register for the 3&4-year-old class, your child **MUST** be 3 years of age by August 31, 2026.*
*To register for the 4&5-year-old Pre-K class, your child **MUST** be 4 years of age by August 31, 2026.*

PLEASE INDICATE YOUR CLASS PREFERENCE BELOW:

_____ 3&4 year-old class 2-day (9:00 AM-11:30 AM) Tue. & Thurs. \$120.00 / Month
_____ 4&5 year-old Pre-K class 3-day (9:00 AM-12:00 PM) Mon., Wed., & Fri. \$175.00 / Month
(Kindergarten Transition – 3 Hour Program)

Please return this form along with a NON-REFUNDABLE registration fee of \$50.00 (\$20 for each additional sibling) to Trinity Preschool. The first month's tuition for the 2026-2027 school year is due by June 1st to continue holding your child's place. **Please make checks payable to Trinity Lutheran Church.**

(over)

Please list the names and ages of all other children living at home:

Please list the names and relationship of all adults living in the child's home (including parents):

Does your child speak and understand English (basic instructions, common words, etc.)? (Yes/No)

Does your child have preschool experience? (Yes / No)

If yes, where did they attend preschool and for how long? _____

Does your child have allergies? (Yes / No) If yes, please list: _____

Do you have any concerns about your child's development in any of the following areas?

If yes, please explain.

(Yes/No) **Speech and Language** _____

(Yes/No) **Learning and Thinking** _____

(Yes/No) **Small or Large Motor Skills** _____

(Yes/No) **Social and Self-Help** _____

Has your child ever been evaluated or received an IEP for developmental, cognitive, emotional, physical, or behavioral delays? (Yes/No)

If yes, please provide information on whether your child is qualified for services or is receiving services through the CAIU or outside agencies such as specialized instruction, occupational therapy, physical therapy, behavioral instruction, speech therapy, or RBT one-on-one support staff.

Will your child require assistance in the bathroom? (Yes / No)

If yes, please explain: _____

What does your child enjoy playing with? _____

Is there anything that we can do to make preschool a positive experience for your child?

Is there any additional information you would like to share with us concerning your child or family?

***Important Notice: Trinity Preschool actively values inclusiveness and student diversity. However, we are NOT cognitive/behavioral specialists; our priority is to ensure all our students are in a program that meets their needs. Children with no prior evaluation history but presenting significant delays and behaviors may be referred to the CAIU for an evaluation. Trinity reserves the right to withdraw enrollment if the child's guardian does not follow through on the requested evaluation or if behavioral and safety concerns cannot be supported in our classrooms.*