

# Registration 2025-2026



Classes are Tuesday & Thursday, October-May

Please check your preferred session:

AM Session 8:10 – 10:10 \_\_\_\_\_

PM Session 11:40 – 1:40 \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's name: \_\_\_\_\_ / \_\_\_\_\_  
First Last Nickname, if applicable

Place of birth \_\_\_\_\_ Home language \_\_\_\_\_  
City/Country

Preferred email address \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Parent name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Sibling name (s) \_\_\_\_\_

Has your child been in daycare or another preschool Yes \_\_\_\_\_ No \_\_\_\_\_

*In case of an emergency and we are unable to contact you*  
**EMERGENCY CONTACT INFORMATION**

Contact name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Contact name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**TUITION/REGISTRATION**

***I understand that there is a:***

\$ 60.00 Non-refundable registration fee due at the time of registration.

\$ 200.00 due at Open house or the first day of preschool for October & May.

\$ 100.00 monthly tuition due by the 1st day of class each month for Nov.-April

If payment is received after the 15<sup>th</sup> a late fee may be applied.

I understand there is a Non-sufficient Fee of \$25.00 on all returned checks.

In the unforeseeable event tuition is not paid in full by the end of the school year, any unpaid balance will be submitted to the district office for collection.

\*Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY**

***In the event of an emergency:***

I give permission for Tri Tech staff to seek medical care for my child if my emergency contacts or I can't be reached.

\*Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE**

***Photo Release Permission:***

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the school year for educational/or promotional purposes, portfolio projects, and classroom bulletin boards.

\_\_\_\_\_ Yes, I give consent for Tri Tech to photograph my child for school purposes and/or at school events.

\_\_\_\_\_ No, I do not authorize Tri Tech to photograph my child for any event.

\*Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OTHER INFORMATION**

Any other information that we should know about your child.

\_\_\_\_\_  
\_\_\_\_\_