Names of People Who Are Authorized to Pick-Up Student

If someone other than those listed below will be picking up your child you will need to notify the Director or the school by phone or in writing.

_____

Name Home # Work# Cell# Pager#

_____

Name Home # Work# Cell# Pager#

_____

Name Home # Work# Cell# Pager#

Do you have insurance? Yes____ No____ If yes, Please include a copy of your insurance card

List All the Student's Medical Problems and Allergies

_____

_____

_____

List your child's hobbies_____

_____

Official Use Only

After School Program Registration Paid_____ Date_____

Comments _____

_____

_____

_____

TCS Kids' Club

After School Program

INFORMATION AND REGISTRATION FORM 2026-27 SCHOOL YEAR

What it Is and Who is Eligible

Trinity Christian School offers its own after school program to provide child care for students of families with this need. An afternoon snack is provided, and participants enjoy organized play time after class. Students also enjoy activities including field trips and community service projects. The program offers supervised homework and study time. Students registered for the 2026-27 school year in grades K4 through 5th are eligible.

Where We Meet

Kids' Club is held on the Trinity Campus and meets in conjunction with the Trinity Christian School calendar. If school is in session for a regular day or partial schedule, the Kids' Club program will be available to its participants.

What it Costs

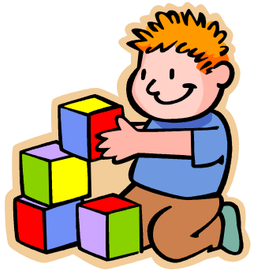
An Annual Registration Fee of $30 is required for each student.

School Year Rate:
Weekly Rate: $100.00
Daily Rate: $30.00
Drop Ins: $10.00 per hour

Summer 2027 information will be provided at a later date.

How to Register

Simply complete the attached Registration Form. Detach from the information and return to the school with your Registration Fee. Space is limited and is filled on a first come, first serve basis. We look forward to working with you and your child in Kids' Club. If you should have any questions, please contact Mrs. Daphne Wyatt (dwyatt@trinitydublin.org)



Please detach and return.

TRINITY CHRISTIAN SCHOOL

After School Program
Registration Form

Student's Name_____/_____
Last First Middle Goes by

Address_____City/State_____Zip_____

Age_____ Date of Birth_____/____/_____ Current Grade_____ Gender_____

Today's Date _____ Current Teacher _____

Student lives with: Parents____ Father only____ Mother only____ Other_____

Does the applicant have any physical or learning disabilities? Yes____ No____ If yes, explain.

_____

_____

_____

Student's Physician_____ _____
Name Phone

Father's Name_____ e-mail _____

Address_____City/State_____Zip_____

Telephone_____ Cell / Mobile Number_____

Employer_____Work Number_____

Mother's Name_____ e-mail _____

Address_____City/State_____Zip_____

Telephone_____ Cell / Mobile Number_____

Employer_____Work Number_____

_____

Emergency Contact Name Home Phone # Work# Cell#