

Holy Trinity Child Development
2001 Northwest Blvd Columbus OH 43212
614 486-2895 nancy.vanfossen@engagedbygrace.org

Registration Form 2019-2020

Child's Name _____

Date of Birth _____

Age on 09-01-19 _____ Gender _____

Home Address _____

Home Phone _____

E-Mail Address _____

Mother's Name _____

Cell Phone _____

Father's Name _____

Cell Phone _____

_____ Holy Trinity Member? Check for yes

_____ Returning Family (last attended _____)

Please choose classroom on back of form and indicate first and second choice. We will do our best to accommodate your preference.

CENTER POLICY REQUIRES ALL CHILDREN BE POTTY TRAINED

OFFICE USE ONLY

Registration Number _____

Amount Paid _____

Date: _____

Check#/Receipt _____

