



**TRINITY**  
SCHOOL FOR CHILDREN  
**O'DEA CENTER**  
FOR EARLY CHILDHOOD DEVELOPMENT

## Application for Admission into Early Childhood Program

1.) Applying for School Year: Please circle school year.

2017-2018

2018 – 2019

2019 – 2020

2.) Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

DOB: \_\_\_\_\_ Due Date: \_\_\_\_\_

Race:  American Indian or Alaska Native  Asian  Black/African American

Hispanic/Latino  Native Hawaiian / Pacific Islander  White

Gender:  Female  Male

Requested Start Date: \_\_\_\_\_ Program: \_\_\_\_\_

3.) Current School Information:

Current Grade Level:  Infants  1 Year Old  2 Year Old  3 Year Old  4 Year Old

Target Grade Level:  Infants  1 Year Old  2 Year Old  3 Year Old  4 Year Old

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City, State

Zip code

Phone Number: \_\_\_\_\_

4.) Child Development:

My child has repeated a year in preschool.

My child has been screened for developmental issues.

My child has an IEP or 504.

My child has a medical diagnosis/concern.

If you checked any of the boxes above, please give an explanation below.

**Note:** This information is not used to determine admission to the program.

## Parent/Guardian Information

1.) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City, State

Zip code

Child lives at this address

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2.) Employment: \_\_\_\_\_

Occupation

Employer

Work Phone

3.) Relationship to Student:  Natural Parent  Legal Guardian  Step-Parent  Other

4.) Marital Status:  Married  Not Married  Separated  Divorced  Widowed  N/A

5.) Additional Languages spoken at home: \_\_\_\_\_

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Address: \_\_\_\_\_

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City, State

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Child lives at this address

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5.) Additional Languages spoken at home: \_\_\_\_\_

## Additional Family Information

**1.) Sibling Information:**

Name: \_\_\_\_\_

Gender:  Male  Female DOB: \_\_\_\_\_ Present Grade: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Name: \_\_\_\_\_

Gender:  Male  Female DOB: \_\_\_\_\_ Present Grade: \_\_\_\_\_

School currently attending: \_\_\_\_\_

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**2.) Expectations: What expectations do you have for your child's educational experience at Trinity School for Children?**

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

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**3.) How did you hear about us?  Family Member  Trinity School for Children Staff  
 Acquaintance  Advertisement  Internet  Other**

Name of Referral: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please address all correspondence to:**

**Trinity School for Children  
2402 W. Osborne Avenue Tampa, Florida 33603  
(813) 874-2402  
Email: [admissions@trinitysfc.com](mailto:admissions@trinitysfc.com)  
Website: [trinitysfc.org](http://trinitysfc.org)**