

(FOR OFFICE USE ONLY)

___ BIRTH CERT.

___ BAPTISMAL REC.

___/___/___ DATE ENT.

___ IMM. REC.

___ RELEASE INFO.

OR ___/___/___ TRANS.

___ E.M.A. FORM

___ CUST. REC. (IF APP.)

___ REC. REC'D

2010-2011 REGISTRATION APPLICATION

HOLY TRINITY PRESCHOOL

There is a \$25.00 non-refundable registration fee.

NAME OF STUDENT _____ MALE ___ FEM. ___

(last) (first) (middle)

ADDRESS _____ H.PH# _____

(street) (city) (zip)

BIRTHDATE ___/___/___ BIRTHPLACE _____ SS # ___/___/___

* A copy of birth certificate and social security card must accompany this registration form.

FAMILY INFORMATION

FATHER or

GUARDIAN _____ BIRTHPLACE _____

ADDRESS _____ NATIONALITY _____

PHONE # _____ OCCUPATION _____

EDUCATION _____ EMPLOYER _____

RELIGIOUS AFFILIATION _____ WORK PHONE # _____

MOTHER or

GUARDIAN _____ BIRTHPLACE _____

(MAIDEN NAME)

ADDRESS _____ NATIONALITY _____

PHONE # _____ OCCUPATION _____

EDUCATION _____ EMPLOYER _____

RELIGIOUS AFFILIATION _____ WORK PHONE # _____

Natural or adoptive parents are:

Married—living together ____, *Separated ____, *Divorced ____, *Divorced—remarried ____.

Single ____, Deceased ____: (____ mother, ____ father)

*A copy of court-ordered custodianship must be filed by the guardian with the school.

Names and ages of all other children in the family _____

*******PLEASE COMPLETE BOTH SIDES OF THIS FORM*******

BABYSITTER (if applic.) NAME _____

ADDRESS _____ PHONE _____
(street)

Persons other than parents to whom students may be released:

NAME _____ PHONE _____

NAME _____ PHONE _____

By my signature, I attest that the above information is complete and accurate and that I will fully comply with school policies, and that I will settle tuition accounts promptly.

SIGNATURE _____ RELATION TO STUDENT _____

PLEASE CHECK THE SESSION YOU PREFER:

THREE YEAR OLD _____ MORNING SESSION (3 DAYS)

FOUR YEAR OLD _____ MORNING SESSION (3 DAYS)

Children who are already established in the three year old program will be given first consideration for sessions in the four year old program in order of dates registrations have been completed. (A registration is considered complete when the following items are completed and returned to school: the "green" registration form (completely filled in), a copy of the birth certificate, a copy of the social security card, and a copy of a completed (up-dated) immunization record. The physician's statement and other forms need to be completed and returned **prior** to the first day of school.) In other cases, a waiting list will be formed. Only in the event of excessive registration, a two-day four year old program may be formed.

PLEASE SIGN IF we have your permission to use your name, address, and phone number on the class roster to be distributed to classroom parents.

Signature of parent or guardian