



HOLY TRINITY PRESCHOOL ENROLLMENT FORM

MMO (1 day or 2 days) Two-Year-Old Three-Year-Old Four-Year-Old

Child's Full Name: _____ Name child goes by: _____

Date of Birth: _____ Age: _____ Race: _____ Sex: M F

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Mother's Cell Phone: _____ Father's Cell Phone: _____

Email Address: _____ **REQUIRED**

Mother's Name: _____ Church: _____

Employer: _____ Occupation: _____ Work Phone: _____

Address: (if different from child's) _____

Father's Name: _____ Church: _____

Employer: _____ Occupation: _____ Work Phone: _____

Address: (if different from child's) _____

Marital Status of Parents: Single Married Divorced Other

Who has custody of this child? Both Parents Mother Father Other

If other, please explain: _____

Names and ages of siblings: _____

Child's Physician: _____ Phone: _____

In case of an emergency, please notify:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Person(s) authorized to pick up your child from preschool:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

HOLY TRINITY PRESCHOOL MEDICAL FORM

Child's Name: _____ Date of Birth: _____

1. Does the child have any allergies? Yes No
If yes, please describe and include what treatment is being used.
2. Does the child display any visible disabilities that the school should be aware of?
3. Does the child have chronic sore throats and/or ear infections? Is there any evidence of permanent hearing impairment?
4. Does the child have any medical problems such as diabetes, asthma, epilepsy, chronic kidney disease, etc., which should be brought to the school's attention?
5. Is the child presently on any medication being administered on a long-term basis? Please describe.
6. Is the child toilet trained? Yes No
7. Specify any health problems or parental concerns:
8. Comments about your child which may be helpful to the teacher:

By printing, signing, or typing my name, I verify that the above information is correct.

Parent/Guardian Signature: _____ Date: _____

THIS MEDICAL FORM SHOULD BE TURNED IN WITH REGISTRATION FORM. A COPY OF THE CHILD'S CURRENT IMMUNIZATION RECORD MUST BE RECEIVED NO LATER THAN OPEN HOUSE.

HOLY TRINITY PRESCHOOL POLICY & FINANCIAL AGREEMENT FORM

I understand and will adhere to the policies and the financial agreement of Holy Trinity Preschool.

I hereby authorize Holy Trinity Preschool to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care in case I am not immediately available. Any qualifying physician called by Holy Trinity Preschool may treat and do whatever is necessary for the health and well-being of my child. It is understood that a conscientious effort must be made to notify me (parents) before such action will be taken. I also agree to accept responsibility for the cost of medical services.

My child has permission to participate in all school activities and to go on all field trips and walks with his/her class. I agree not to hold Holy Trinity Preschool, the teachers, aides or volunteers responsible for any and all claims which may arise from any accident(s).

I understand and agree to Holy Trinity Preschool's enrollment policy. If it becomes necessary to remove my child from the Preschool at any time in the school year, I will give Holy Trinity Preschool thirty (30) days written notice, or be responsible for one month's tuition.

TUITION IS DUE BY THE 10TH OF EACH MONTH! IF TUITION IS NOT RECEIVED BY THE END OF THE MONTH, I UNDERSTAND THAT MY CHILD CANNOT ATTEND PRESCHOOL THE FOLLOWING MONTH UNTIL PAYMENT IS MADE.

By printing, signing, or typing my name, I verify that I have read and agree with the information stated in the Policy & Financial Agreement Form.

Child's Name

Mother/Guardian Signature

Father/Guardian Signature

Date

Date

NOTE: This form **MUST** have two signatures. If your child is in the custody of one parent, please indicate.

HOLY TRINITY PRESCHOOL PHOTO RELEASE FORM

Information about Holy Trinity Preschool is routinely made available to the public through a wide range of mass media. This includes local newspapers, television and radio stations, school newsletters and the Internet. In order to protect a child's privacy while also providing opportunities for recognition and advertisement for our school, Holy Trinity Preschool requires that parental permission be obtained before any child's image or name is used.

I give my permission for my child to appear in a photograph, videotape or slide. This includes individual school pictures, videos or programs, classroom activities, extracurricular activities, local news media (newspapers, radio and television) school newsletters, Facebook and the school website.

Yes

No

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

COVID Policy Form

For anyone who resides with a person with COVID-19...

Anyone who lives with someone that has COVID-19, should stay home for 10 days **after their last exposure** to that person. (Day 0 is the last day of exposure to the positive person.)

For anyone that thinks or knows they had COVID-19 and had symptoms...

You can return to preschool after:

- 10 days since symptoms first appeared (Day 0 is the first day of symptoms.) and
- 24 hours with no fever without the use of fever-reducing medications and
- Other symptoms of COVID-19 are improving*

**Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation*

For anyone that tested positive for COVID-19 but had no symptoms...

If you continue to have no symptoms, you can return to preschool after 10 days have passed since you had a positive viral test for COVID-19. (Day 0 is the day of the positive viral test.) If you develop symptoms after testing positive, follow the guidance above “For anyone that thinks or knows they had COVID-19 and had symptoms.”

Parents/Guardians are **REQUIRED** to inform the director and/or teacher if a student tests positive or lives with someone whom tested positive.

Face coverings will be optional for teachers and students. We respect each person’s decision and will do our best to ensure your child keeps on their mask, should that be what you choose. Our school does not require our teachers to receive the COVID-19 vaccine, but we highly encourage it for those that are able.

Holy Trinity Preschool has put these measures in place in an effort to reduce the spread of COVID-19. However, notwithstanding any such efforts, it is simply not possible to guarantee that COVID-19 is not present nor to prevent you or your child from becoming exposed to, contracting, or spreading COVID-19. By entering our premises, attending school in-person, attending/participating in extracurricular activities (field trips, programs, etc.), you and your child may be exposed to the risk of contracting or spreading COVID-19.

Holy Trinity Preschool will make every attempt to follow the above listed guidelines for quarantine and isolation. If you have any questions, please contact the director.

WE ARE SUBJECT TO CHANGE OUR POLICY OR ENFORCE DIFFERENT GUIDELINES, IF NEEDED.

By printing, signing, or typing my name, I verify that I have read and agree with the information stated in the COVID Policy. I further understand that the school has the right to amend, alter, and make exceptions to this policy as needed.

Child’s Name: _____

Parent/Guardian Signature: _____ Date: _____