3-year -old Enrollment Form
2010-2011

Holy Trinity Preschool
6322 S Lakeview
Littleton, Colorado 80120
Director: Tracy Seul, (303) 797-6345
FAX: 303-798-1356

Date of Enrollment:_____________

Payment:
Check #_______________
Cash_______________
For Office Use only

To enter a three-year-old class in the fall of 2010-2011 the child must turn three on or before 10/01/10.

T/Th 9-1: _____________ MWF 9-1: ________ MTWThF 9-1: _____________

Tuition Rates: T/Th - $ 195.00 MWF- $ 280.00 MTWThF- $475.00

Registration Fee: (Due at the time of enrollment; this is what secures a child's spot; it is non-refundable.)

Returning Family: $ 60.00 per child New Family: $ 80.00 per child

Child's Date of Birth: _______________________

Child's Name ____ Boy/Girl

Home Address (include city and zip code) ____

Primary E-mail:____

Home Telephone: ____________________________________

Father or Guardian's Name _____________________________________

____
Address (if different from child's)

Cell Phone: ____________________________ Pager: __________________________________

Employed: __________________________________ Work Phone: ____________________________

Mother or Guardian's Name ____________________________________

____
Address (if different from child's)

Cell Phone: ______________________________ Pager: ____________________________________

Employed: _________________________________ Work Phone: _______________________________

Emergency Contact (if parents cannot be reached):

Name: ___________________________________ Relationship to child: _________________________

Address:____

Phone: __________________________________Cell Phone:____________________________________

Please finish completing this form on the back.

Child's Doctor: ______________________________Telephone:______________________________

____
Address City Zip

Child's Dentist: ______________________________Telephone:___________________________

____
Address City Zip

Describe health concerns or handicapping conditions that your child has: __________________________
____

List any instructions or limitations for the medical or handicapping condition: ______________________

____

Check illnesses the child has had:

____ Measles ____ German Measles ____ Chickenpox ____ Mumps
____ Strep Throat ____ Rheumatic Fever

Has this child had contact with tuberculosis? Yes No

Home Church: ____

I would like my name, address and phone # listed in the Preschool Directory: Yes No

Statement of Medical Authorization

I, ______________________________, hereby give my permission to Holy Trinity Preschool to seek medical or surgical care for my child, ____________________________________, should an emergency arise. It is understood that a conscientious effort will be made to contact the parent(s)/guardian before any action is taken. However, if we are unable to be reached, we will accept responsibility for any expense.

____
Signature of Parent or Guardian

Medical Insurance: ______________________ Date: ___________________

Hospital Preference: ________________________________Phone:___________________

____
Address

Please List other family members living in your household (excluding child and parents):

Name:______________________________Age:____________Relation:_____________________

Name:______________________________Age:____________Relation:_____________________

Name:______________________________Age:____________Relation:_____________________

Name:______________________________Age:____________Relation:_____________________