

Holy Trinity Catholic Academy Nursery and Pre-K Application for Admission

APPLICATION FEE: \$40.00 Cash or Money Order, **non-refundable**

5 Full Days _____ 5 Mornings _____ Flexible scheduling _____ Full Day 8:05 – 2:50pm

Nursery (3 yrs old) _____ PK (4 yrs old) _____ Mornings 8:05 – 11:45

_____	_____
Student's Last Name	First Name & Middle Initial
_____	_____
Student's Home Address	Date of Birth
_____	_____
City / Zip Code	City of Birth
_____	_____
Home Telephone #	Boy / Girl
_____	_____
Student's Religion	Student's Social Security #
_____	_____
Baptism: Church / City / Date	Language Spoken at Home

For Office Use Only	
\$40 App Fee rec'd	_____
\$145 Reg Fee rec'd	_____
\$245 Late Reg Fee rec'd	_____
Tuition Catholic	_____
Tuition Non-Catholic	_____
Comments:	

Parish Affiliation:

_____	Holy Trinity	Envelope #	_____
_____	Other (please name)	Envelope #	_____
_____	Non-Catholic		

Parish Activities in which you participate _____

_____	_____
Father's Full Name	Mother's Full Name
_____	_____
Father's Occupation	Mother's Occupation
_____	_____
Father's Business Address	Mother's Business Address
_____	_____
Father's Business & Cell Phone	Mother's Business & Cell Phone
_____	_____
Father's Religion	Mother's Religion

Please list other siblings (Names and Grades/Ages) _____

The Student lives with (please circle): Mother & Father Mother Only Father & Stepmother
 Mother & Stepfather Father Only Other _____

Parents' Marital Status (please circle): Married Separated Divorced Single Widow/Widower

Other schools attended (include dates): _____

At what age did your child begin to speak? _____

At what age did your child begin to walk? _____

What does your child like to do best at home? _____

How much TV does your child watch? _____ Favorite Shows? _____

How often do you read to your child? _____

What kind of stories? _____

Has your child been evaluated for speech/hearing/educational concerns? _____ Yes _____ No

If yes, please explain in detail: _____

Has your child had any behavior problems at his/her current/former school? _____ Yes _____ No

If yes, please explain: _____

Is there any medical condition (asthma, diabetes, other) of which the school should be made aware? _____ Yes _____ No

If yes, please explain: _____

Please provide any other information you would like us to know about your child: _____

PLEASE CHECK ALL THAT APPLY:

- | | | |
|-----------------------------------|------------------------------|--------------------------------|
| _____ Can dress self | _____ Understands English | _____ Knows shapes |
| _____ Toilet trained | _____ Speaks English | _____ Knows colors |
| _____ Uses eating utensils | _____ Talks in sentences | _____ Can hold crayon / pencil |
| _____ Can zipper jacket / coat | _____ Speaks clearly | _____ Can draw a straight line |
| _____ Can go up and down steps | _____ Plays well with others | _____ Shares with others |
| _____ Uses technology (iPad, etc) | | |

How did you learn about Holy Trinity Catholic Academy? ___ Newspaper ___ Bulletin ___ Word of Mouth
___ Other _____

If you were referred by a HTCA family, please list their name here: _____

You must attach copies of your child's birth certificate, baptismal certificate (if applicable), and record of immunizations. Your child's admission will be considered upon verification of all information contained in this application. The \$40.00 (cash or money order) application fee is NON-REFUNDABLE.

Please note:

Holy Trinity will contact you regarding an appointment for an interview. You must bring your child with you. There is a \$145.00 NON-REFUNDABLE REGISTRATION FEE per family. LATE REGISTRATION (for applications received after 4/15/2018) IS \$245.00 per family.

By signing below, I certify that all of the information I have provided on this application is true, I have not omitted any pertinent information about my child's educational/developmental/behavior needs or concerns, and there are no outstanding balances with my child's current/former school. My registration may become null and void if I provide false information or omit pertinent information. If my child is invited to register at Holy Trinity Catholic Academy, and I choose to register, I agree to abide by all of the rules and regulations as outlined in the Parent/Student Handbook. I also understand that for admission to Nursery or PK, my child must be completely toilet trained

I further understand that there is a consolidated fee per child, which is billed separately. All application, registration and consolidated fees are non-refundable.

Date of Application

Parent Signature