

HOLY TRINITY GREEK ORTHODOX PRESCHOOL
5000 LEAD MINE ROAD
RALEIGH, NORTH CAROLINA 27612
(919) 861-8171

5/18

REGISTRATION FORM
FOR 2018/19 SCHOOL YEAR

ATTACH THE FOLLOWING:
A. NON-REFUNDABLE REGISTRATION FEE OF \$100.00
B. COPY OF CHILD'S BIRTH CERTIFICATE (*NEW STUDENTS ONLY*)
C. INDICATE WHICH CLASS YOU ARE REGISTERING YOUR CHILD FOR

Class	Parishioners	Others
<u>Tuition:</u>	___ \$225 (M/T)	___ \$250 (M/T)
	___ \$310 (M/T/TH)	___ \$340 (M/T/TH)
	___ \$410 (M-F)	___ \$450 (M-F)

Extended Day: (see rate schedule on parent letter)
 Indicate number of hours needed **per class day** ___one ___two ___three

Child's Name _____ Male Female

Prefers to Be Called _____ Date of Birth _____

Full Address _____

Home Phone: _____

Mother's Name	Father's Name
Occupation	Occupation
Employer	Employer
Work Phone	Work Phone
Cell Phone	Cell Phone
Phone Number and Home Address <i>(if different from above)</i>	Phone Number and Home Address <i>(if different from above)</i>
Email Address	Email Address
Religious Affiliation	Religious Affiliation

*Signature of Parent or Guardian: _____

Date: _____

COMPLETE REVERSE SIDE

General Information:

Name: _____ Age as of 8/31/18 _____ Class: _____

Names and ages of child's brothers and sisters: _____

Family members (other than parents or siblings) living in household _____

Health issues/allergies: _____ Rx Medications: _____

Languages Spoken by Child _____ Mother _____ Father _____

Student Profile:

1. Has your child had prior preschool or playgroup experience? (If yes, please note place, dates.)

2. What are your child's favorite toys/activities/special interests?

3. What method do you find to be most effective in managing your child's behavior?

4. Is your child reluctant to express his wants/needs or frustrations to teachers, caregivers, or other children?

5. Your child's classroom behavior requires ___ frequent ___ occasional teacher intervention.

6. Has your child acquired the following skills (check all that apply)?
 - ___ Uses toilet
 - ___ Dresses self
 - ___ Recognizes or can say name
 - ___ Counts to (how far) ___
 - ___ Can recognize numbers to (circle) 5 10
 - ___ Can identify some letters
 - ___ Can identify some shapes
 - ___ Likes to listen to stories
 - ___ Has experience with crayons
 - ___ Has experience with scissors
 - ___ List others you feel are relevant

7. Explain any circumstances, concerns, or special needs that the teacher should be aware of. Describe any professional evaluation or treatment your child has received.

8. What are your expectations for the program? What specific things would you like your child to learn/experience in the classroom this year?

9. Occasionally pictures are taken in the classroom to provide a record of activities or to be used in class projects. Do you give permission for such pictures to be taken of your child? ___ Yes ___ No

10. I have read and understand the Preschool policies as outlined in the Policies and Guidelines for Parents included in my child's registration packet. (Parent signature) _____.

Holy Trinity Greek Orthodox Preschool

Medical Release and Emergency Contact Information

We/I hereby give authorization and consent for the rendering to our/my child, _____ by a licensed physician(s) such medical services and treatment as may become necessary or advisable during the time my child is in the care of the Holy Trinity Greek Orthodox Preschool, regardless of whether such treatment or services become necessary by reason of an emergency, unanticipated conditions, or otherwise. Such consent and authorization shall include also the cooperation and assistance of any qualified medical personnel working under the supervision of licensed physicians.

We/I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on our/my child's condition.

We/I hereby acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered.

We/I hereby give authorization for the use of 911 medical services for immediate treatment and transportation in emergency situations.

In case of emergency, we/I would prefer our/my child to be cared for at _____ hospital in _____, North Carolina.

Please list any medicine or food allergies or special medical needs _____

Signed _____ Date _____

Signed _____ Date _____

This form must be signed by both parents/guardians. In case of divorce, the parent with custody of the child must sign.

(COMPLETE REVERSE SIDE)

**Holy Trinity Greek Orthodox Preschool
Emergency Contact Information**

If, in the case of an emergency and the parent or both parents cannot be reached by phone, we will contact the child's doctor of record. Also, this form will give us permission to contact by phone the persons you indicated have the authority to pick-up your child in case of illness or emergency if you cannot be reached. We will not release a child to anyone who is not listed on this form.

In case of a medical emergency and I cannot be reached, the teachers of the school have my permission to take the child, _____, to the nearest medical facility for emergency medical attention or to call 911 for the appropriate instructions or help.

Parent Signature _____ Date _____

Child's Physician _____ Phone _____

Address _____

Hospital Preference _____

Medical Insurance Carrier _____ Insurance ID# _____

Mother's Home Phone _____

Fathers Home Phone _____

Persons to be notified in case of emergency if parents cannot be reached and authorized to pick up your child.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

**(HAVE YOUR DOCTOR COMPLETE THE SCHOOL'S MEDICAL REPORT FORM AND
ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD)**