



DATE OF APPLICATION: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ / \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (NICKNAME)

BAPTISMAL NAME: \_\_\_\_\_ GREEK ORTHODOX? G YES G NO

BIRTHDATE: \_\_\_\_\_ NAME DAY: \_\_\_\_\_ SEX: G F G M

PLEASE SELECT CHILD'S T-SHIRT SIZE: G 2T G 3T G 4T

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

*G PLEASE CHECK HERE IF YOU'D PREFER TO NOT SHARE YOUR CONTACT INFORMATION WITH OTHER PRESCHOOL PARENTS.*

**PLEASE NOTIFY US IF YOU HAVE A CHANGE OF ADDRESS OR PHONE NUMBER**

MOTHER'S NAME: \_\_\_\_\_ MRS. / MS. / DR. \_\_\_\_\_

\_\_\_\_\_  
(MOTHER'S OCCUPATION)

FATHER'S NAME: \_\_\_\_\_ MR. / DR. \_\_\_\_\_

\_\_\_\_\_  
(FATHER'S OCCUPATION)

ARE YOU A MEMBER IN GOOD STANDING OF HOLY TRINITY GREEK ORTHODOX CATHEDRAL? \_\_\_\_

NAMES AND AGES OF OTHER CHILDREN IN FAMILY: \_\_\_\_\_

LIST THE CLASS DESIRED AND PREFERRED DAYS: (I.E.: TODDLERS, MON/WEDS 2 YEAR OLDS, T/TH 2 YEAR OLDS, ETC.) \_\_\_\_\_

**REGISTRATION FEE: THERE IS A NON-REFUNDABLE FEE THAT RESERVES YOUR CHILD'S PLACE. MAKE CHECKS PAYABLE TO *HOLY TRINITY PRESCHOOL*.**

EVERYTHING POSSIBLE WILL BE DONE TO INSURE THE SAFETY OF YOUR CHILD. THE CHURCH HAS LIABILITY COVERAGE; OTHERWISE, YOU AS PARENTS WILL ACCEPT RESPONSIBILITY FOR YOUR CHILD.

**PARENT'S SIGNATURE:** \_\_\_\_\_

**PLEASE TELL US ABOUT YOUR CHILD**

DOES YOUR CHILD UNDERSTAND GREEK? \_\_\_\_\_

DOES YOUR CHILD SPEAK GREEK? \_\_\_\_\_

DOES YOUR CHILD UNDERSTAND AND SPEAK? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY FEARS? \_\_\_\_\_

\_\_\_\_\_  
TELL US SOME SPECIAL INTERESTS YOUR CHILD HAS:

\_\_\_\_\_  
IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT YOUR CHILD?

\_\_\_\_\_  
MEDICAL INFORMATION ABOUT YOUR CHILD (ALLERGIES, MEDICATIONS, SPECIAL NEEDS, ETC.):

\_\_\_\_\_  
I HEREBY GIVE PERMISSION FOR MY CHILD TO ATTEND HOLY TRINITY GREEK ORTHODOX PRESCHOOL. IN CASE OF AN EMERGENCY, I GIVE PERMISSION TO HAVE FIRST AID ADMINISTERED, CHILD'S MEDICAL ATTENTION BE REQUIRED. I GIVE PERMISSION FOR THE PRESCHOOL TO SEEK FURTHER QUALIFIED MEDICAL ASSISTANCE UNTIL I CAN BE CONTACTED. I AGREE THAT THEY MAY TAKE THE CHILD TO THE EMERGENCY ROOM AND AUTHORIZE THE EMERGENCY ROOM PHYSICIAN TO PROVIDE EMERGENCY CARE IN THE EVENT THAT NEITHER THE FAMILY PHYSICIAN NOR I CAN BE CONTACTED IMMEDIATELY.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT RELEASE:**

I RELEASE HOLY TRINITY GREEK ORTHODOX CATHEDRAL AND THE PRESCHOOL FROM ANY LIABILITY OF INJURY OR ACCIDENT INCURRED BY MY CHILD WHILE ATTENDING SCHOOL HERE. I WILL NOT HOLD HOLY TRINITY GREEK ORTHODOX CATHEDRAL AND THE PRESCHOOL RESPONSIBLE FOR ANY LOSS OR DAMAGE TO OUR PERSONAL PROPERTY. FURTHER, MY CHILD UNDERSTANDS THAT HE/SHE MUST ABIDE BY ALL RULES AND REGULATIONS ADMINISTERED BY HOLY TRINITY GREEK ORTHODOX PRESCHOOL.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_