

HOLY TRINITY PRESCHOOL
600 East Boulevard
Charlotte, NC 28203
Telephone: 704-334-4771

Date of Application: _____

Child's Name: _____ / _____
(Last) (First) (MI) (Nickname)

Baptismal Name: _____

Birthdate: _____ Name Day: _____ Sex: M / F

Address: _____

(City) (State) (Zipcode) Phone: _____

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

Mother's Name: _____ Ms. or Mrs. (Circle One)

Mother's Occupation: _____ Work Phone: _____

Father's Name: _____ Mr. or Dr. (Circle One)

Father's Occupation: _____ Work Phone: _____

Are you a member of Holy Trinity Greek Orthodox Church? Yes or No (Circle One)

Name and ages of other children in family: _____

List which class you are registering for this child: 2 year olds / 3 year olds / or 4 & 5 year olds
(Circle One)

REGISTRATION FEE: **A non-refundable** fee includes insurance and 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 Signature: _____

Please tell us about your child:

- Does your child understand Greek? Yes or No (Circle One)
- Does your child speak Greek? Yes or No (Circle One)
- Does your child understand and speak English: Yes or No (Circle One)
- 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, should 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 my 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 Preschool from any liability of injury or accident incurred by my child while attending school. I will not hold Holy Trinity Greek Orthodox 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: _____