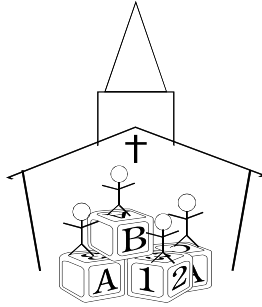


Holy Trinity Preschool



*"Train up a child in the way that he should go,
and when he is old, he will not depart from it."
Proverbs 22:6*

HOLY TRINITY PRESCHOOL

February 16, 2011

Dear Parents,

Holy Trinity Preschool is accepting applications for the 2011-2012 year. Classes are held for three-year-olds two days per week from 8:00 a.m. until 11:00 a.m. and for four-year-olds three days per week from 8:00 until 12:00 noon. **Class size is limited and applicants will be accepted on a first-come first-served basis.** Please return your Application for Enrollment and Parent's Agreement accompanied by a non-refundable registration fee. **The Non-Refundable Registration Fee is \$55.00 before June 1, 2011 or \$75.00 after June 1, 2011.**

A Mother's Morning Out Program is offered to give free time to mothers of those younger than preschool age from 8:00-11:00 a.m./8:00-12:00 a.m. If there is enough interest, there will be 2 days/week available. Your child may come one or two days. **There is a \$25.00 Non-Refundable registration fee** and enrollment is limited. The days of the Mother's Morning Out Program will be determined by the number of children who enroll. *Please indicate at the bottom of the application form whether you would like one or two days/week in the Mother's Morning Out Program.

The Medical Form should be completed and signed by the child's parents and returned **with** the application form. In addition to this Medical Form, a state law requires a Certificate of Immunization for children entering four-year-old preschool. Before a child can begin school, he must have this certificate signed by a doctor or health department. Certificate of Immunization must be turned in no later than Open House which will be in late August.

Preschool will begin **August 29th, 2011**. The school year will coincide with the schedule of Newberry County Schools. A more detailed schedule will be included in the Preschool Handbook, which will be handed out in August at our Open House.

If you have any questions regarding either of our programs, please call the church office at 945-7336 or 345-2841.

Holy Trinity Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs.

Please mail application and registration fee to:

**Holy Trinity Preschool
Post Office Box 33
Little Mountain, SC 29075**

ADMISSION REQUIREMENTS

Age:

The birthday for three and four olds must be on or before September 1, 2011.

Medical Examination:

A copy of the child's immunization record, signed by a physician and a parent's statement of the child's health at the time of his/her admission to the preschool should be completed.

ALL CHILDREN MUST BE POTTY-TRAINED BEFORE STARTING PRESCHOOL.

Registration Fee:

For 3 and 4 year olds, a **Non-Refundable Fee of \$55.00, before June 1, 2011 or \$75.00 after June 1, 2011** is required for admission.

Mother's Morning Out, a **Non-Refundable Fee of \$25.00**

Tuition:

Yearly tuition is divided into nine (9) installments for your convenience. Monthly tuition will be \$75.00 for three-year-olds and \$110.00 for four-year-olds. Tuition for Mother's Morning Out is \$40.00 per month (3 hours per week) or \$50.00 per month (4 hours per week). If your child comes 2 days per week, tuition will be based on the number of hours. Monthly tuition should be paid by the tenth of each month. If you have not paid your monthly tuition by the tenth of the month, a \$20.00 late fee will be added to your tuition for that month. Should fees become delinquent, the child may not partake of the preschool's services and may be subject to automatic withdrawal.

The preschool is designed for a certain number of children; therefore, there will be no deduction in tuition for daily absenteeism or scheduled holidays. This allows us to maintain a low teacher/child ratio, so important to your child's school experience.

Should it become necessary to withdraw your child from this program, a **thirty (30) day notice is to be given in writing.** This insures that we will be able to fill these vacancies as they become available.

All payments made by check should be made payable to **HOLY TRINITY PRESCHOOL** and **MAILED TO:**

Holy Trinity Preschool
PO Box 33
Little Mountain, SC 29075

Supply Fee:

An annual supply fee of \$45.00 for three-year-olds and \$50.00 for four-year-olds is due at time of registration.

DAYS AND HOURS OF OPERATION

Three year olds come from 8:00 a.m. until 11:00 a.m. on **Tuesday and Friday** and four olds from 8:00 a.m. until 12:00 noon on **Monday, Wednesday, and Thursday**. Parents should be prompt in observing these times and are discouraged from bringing a child early or picking them up late. Please bring your child to the classroom in the morning and pick up 3 year olds in the classroom and pick up 4 year olds in the car line at the office door. You may feel free to visit the classrooms as often as you like.

UNSCHEDULED CLOSING

In case of inclement weather or local emergency, we will follow the policy of Newberry County Schools. In case of public school delay, there will be no preschool.

HOLY TRINITY PRESCHOOL & MOTHER'S MORNING OUT (MMO) PROGRAMS

APPLICATION FOR ENROLLMENT (SCHOOL YEAR 2011-2012)

ENROLLMENT FOR: MMO _____ THREE YEAR OLD _____ FOUR YEAR OLD _____

Child's Full Name: _____ Name to go by: _____

Date of Birth: _____ Age: _____ Race: _____ Sex: ___M___F

Home Address: _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____ Pager/Other: _____

Email Address: _____

Father's Name: _____ Occupation: _____

Employer/Location: _____ Business Phone/Ext.: _____

Church: _____

Mother's Name: _____ Occupation: _____

Employer/Location: _____ Business Phone/Ext.: _____

Church: _____

Marital Status of Parents: Single _____ Married _____ Divorced _____ Other _____

Who has custody of this child? Both Parents _____ Mother _____ Father _____ Other _____

Names and ages of brothers and sisters: _____

Child's Physician: _____ Phone: _____

Address: _____

In case of an emergency, please notify:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Person(s) authorized to pick up your child from preschool:

Name: _____ Phone: _____

Name: _____ Phone: _____

Specify any health problems or parental concerns: _____

Comments about your child which may be helpful to the teacher: _____

***Mother's Morning Out Registrants:** 1 Day _____ 2 Days _____

**HOLY TRINITY PRESCHOOL
P.O. BOX 33
LITTLE MOUNTAIN, SC 29075**

FINANCIAL AGREEMENT

I understand and will adhere to the policies and the financial agreement of Holy Trinity Preschool.

I hereby authorize Holy Trinity Preschool to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care in case I am not immediately available. Any qualifying physician called by Holy Trinity Preschool may treat and do whatever is necessary for the health and well-being of my child. It is understood that a conscientious effort must be made to notify me (parents) before such action will be taken. I also agree to accept responsibility for the cost of medical services.

My child has permission to participate in all school activities and to go on all field trips and walks with his/her class. I agree not to hold Holy Trinity Preschool, the teachers, aides or volunteers responsible for any and all claims which may arise from any accident(s).

I understand and agree to Holy Trinity Preschool's enrollment policy. If it becomes necessary to remove my child from the Preschool at any time in the school year, I will give Holy Trinity Preschool thirty (30) days written notice, or be responsible for one month's tuition.

TUITION IS DUE BY THE 10TH OF EACH MONTH! IF TUITION IS NOT RECEIVED BY THE END OF THE MONTH, I UNDERSTAND THAT MY CHILD CANNOT ATTEND PRESCHOOL THE FOLLOWING MONTH UNTIL PAYMENT IS MADE.

Mother's Signature

Father's Signature

Legal Guardian

Legal Guardian

Date

Date

NOTE: This form **MUST** have two signatures. If your child is in the custody of one parent, please indicate.

**HOLY TRINITY PRESCHOOL
P.O. BOX 33
LITTLE MOUNTAIN, SC 29075**

MEDICAL FORM

CHILD'S NAME _____ BIRTHDATE: _____

PARENT'S NAME _____

1. Does the child have any allergies? _____ If yes, please describe and include what treatment is being used.

2. Does the child display any visible disabilities that the school should be aware of?

3. Does the child have chronic sore throats and/or ear infections? Is there any evidence of permanent hearing impairment?

4. Does the child have any medical problems such as diabetes, asthma, epilepsy, chronic kidney disease, etc., which should be brought to the school's attention?

5. Is the child presently on any medication being administered on a long-term basis? Please describe.

6. Is the child potty-trained? Please indicate. Yes ____ No ____

CHILD MUST BE POTTY-TRAINED IN ORDER TO ATTEND PRESCHOOL.

Parent's Signature

Date

**THIS MEDICAL FORM SHOULD BE TURNED IN WITH REGISTRATION FORM.
A COPY OF THE CHILD'S CURRENT IMMUNIZATION RECORD MUST BE RECEIVED
NO LATER THAN OPEN HOUSE.**