



# PRESCHOOL ENROLLMENT FORM

**\*\*\*PLEASE CHECK WITH THE DIRECTORS FOR CLASS AVAILABILITY\*\*\***

**Date of Application:** \_\_\_\_\_ **\$125 Registration Fee:** (Non-Refundable) Cash \_\_\_\_\_ Check # \_\_\_\_\_  
 \$100.00 for each additional child • Checks payable to: Holy Trinity Greek Orthodox Preschool

**Child's Name:** \_\_\_\_\_  
 (Last) (First) (Middle) (Nickname)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
 (Primary for preschool)

**Birthdate:** \_\_\_\_\_ **Sex:** F M

Are parents Orthodox? Yes No

Is Child Baptized Greek Orthodox? Yes No **Child's Baptismal Name:** \_\_\_\_\_

**Name Day:** \_\_\_\_\_

Does child speak Greek? \_\_\_\_\_ Does child understand Greek? \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Where Employed:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Where Employed:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Custodial Parent:** Mother/Father Mother Only Father Only Other: \_\_\_\_\_

Does your child have all required immunizations? Yes No **\*\*\*Immunizations required\*\*\***

**Does your child have any known allergies?** Yes No If yes, please list allergy and reaction: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Children with allergies will need to complete additional forms and provide the preschool with any allergy medications needed.*

**Medical information about your child (medications, special needs, etc.):** \_\_\_\_\_

\_\_\_\_\_

Please give any information concerning your child which will be helpful in his experience in group time (such as play, eating, and sleeping habits, special fears, likes or dislikes) \_\_\_\_\_

\_\_\_\_\_

**Names and ages of other children in family:** \_\_\_\_\_

\_\_\_\_\_

**\*\*\*Please Circle Appropriate Class\*\*\***

<b>Toddlers:</b> 18 months to start	M/W	If a second Toddler class is opened, would you prefer coming on T/TH? ___ Yes ___ No	<b>2's Class:</b> 2 years old by August 31	T/TH	If a second 2 year old class is opened, would you prefer coming M/W? ___ Yes ___ No
<b>3's Class:</b> 3 years old by August 31	M/W/F	If a second 3 year old class is opened, would you prefer coming on T/TH/F? ___ Yes ___ No	<b>4's Class:</b> 4 years old by August 31	M - F	

# PRESCHOOL ENROLLMENT FORM CONTINUED

**CHILD'S NAME (Printed):** \_\_\_\_\_

We/I hereby give permission for our/my child \_\_\_\_\_, to attend Holy Trinity Greek Orthodox Preschool. In case of an emergency, we/I give permission to have first aid administered, should child's medical attention be required. We/I give permission for the Preschool to seek further qualified medical assistance until we/I can be contacted. We/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 we/I can be contacted immediately.

We/I hereby give authorization and consent for the rendering to our/my child by a licensed physician or physicians, such medical services and treatment as may become necessary or advisable during the time our/my child is in the care of 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 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 us/me as to the effect of such examinations or treatment of our/my child's condition.

We/I hereby acknowledge that we are (I am) responsible for all 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 for our/my child to be cared for at: \_\_\_\_\_ Hospital in Charlotte, NC.

**PARENT RELEASE:** Everything possible will be done to insure the safety of your child. We/I release Holy Trinity Greek Orthodox Cathedral and the Preschool from any liability of injury or accident incurred by our/my child while attending school here. We/I will not hold Holy Trinity Greek Orthodox Cathedral and the Preschool responsible for any loss or damage to our personal property. Further, our/my child understands that he/she must abide by all rules and regulations administered by Holy Trinity Greek Orthodox Preschool. 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 have listed who have the authority to pick-up your child in case of illness or emergency if you cannot be reached. In the case of an emergency, we will not release a child to anyone who is not named on this form.

**Do you give HTGOP permission to photograph/video your child with the understanding that it can be published or shared on a public domain? YES \_\_\_\_\_ NO \_\_\_\_\_**

*We/I understand and agree to the terms as stated in the Enrollment Form. In case of medical emergency and We/I cannot be reached, the teachers of HTGOP have my permission to take my child to the nearest medical facility for emergency medical attention or call 911 for the appropriate instructions for help. (Carolina's Medical Center Main is the closest medical facility to HTGOP)*

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian Name (Printed): \_\_\_\_\_

Mother/Guardian Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Name (Printed): \_\_\_\_\_

Father/Guardian Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

## Person to be notified in case of emergency if the parents cannot be reached and authorized to pick up your child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**\*\*\* This form must be signed by both parents/guardians. \*\*\***

**In the case of divorce, the parent with custody of the minor child must sign.**