



Holy Trinity Catholic School 2016-2017

Pre-School application



Family Information		<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	Language Spoken at home <i>(90% of time)</i>		
Parent/Guardian _____		For Office Use Only <input type="checkbox"/> Accepted Date Received _____ Initials _____ <input type="checkbox"/> Tuition Agreement <input type="checkbox"/> Registration Fee <input type="checkbox"/> Tuition Worksheet <input type="checkbox"/> Immunization <input type="checkbox"/> SMART Form/App <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Emergency Form Check # _____			
Address _____					
City _____ State _____ Zip _____					
Phone (H) _____ (C) _____					
Name of cell phone holder: _____					
Email _____					
Child 1		<input type="checkbox"/> Returning <input type="checkbox"/> New		Child 2	
<input type="checkbox"/> Returning <input type="checkbox"/> New		<input type="checkbox"/> Returning <input type="checkbox"/> New			
Last Name		First Name		Last Name	
First Name		Last Name		First Name	
<input type="checkbox"/> 3yr 1/2 day <input type="checkbox"/> 3yr full day <input type="checkbox"/> 4yr 1/2 day <input type="checkbox"/> 4yr Full-day (3 day) <input type="checkbox"/> 4yr Full-day (5 day)		<input type="checkbox"/> 3yr 1/2 day <input type="checkbox"/> 3yr full day <input type="checkbox"/> 4yr 1/2 day <input type="checkbox"/> 4yr Full-day (3 day) <input type="checkbox"/> 4yr Full-day (5 day)			
Sex <input type="checkbox"/> M <input type="checkbox"/> F		Ethnic Background		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Birth Date		<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander		Ethnic Background	
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander		Ethnic Background	
Birth Place City _____ County _____ State _____ Country (if outside US) _____		<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander		Ethnic Background	
Has your child ever.... <i>Please check Yes or No for each</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		Has your child ever.... <i>Please check Yes or No for each</i>	
...had a psychological evaluation?		<input type="checkbox"/> Yes <input type="checkbox"/> No		...had a psychological evaluation?	
...been diagnosed with a learning disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No		...been diagnosed with a learning disability?	
If yes, please specify _____				If yes, please specify _____	
...been diagnosed with a behavioral problem?		<input type="checkbox"/> Yes <input type="checkbox"/> No		...been diagnosed with a behavioral problem?	
<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other _____				<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other _____	
...taken medication associated with this disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No		...taken medication associated with this disability?	
If yes, please specify _____				If yes, please specify _____	
...had special medical needs?		<input type="checkbox"/> Yes <input type="checkbox"/> No		...had special medical needs?	
If yes, please specify _____				If yes, please specify _____	
Child Resides With <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father		<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father		Child Resides With <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father	
<input type="checkbox"/> Other* _____		<input type="checkbox"/> Other* _____		<input type="checkbox"/> Other* _____	
Does someone else have shared custody? <input type="checkbox"/> Yes* <input type="checkbox"/> No		<input type="checkbox"/> Yes* <input type="checkbox"/> No		Does someone else have shared custody? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
<i>*If checked a court-ordered Final Judgment (custody papers) must be submitted and all parties who share custody must sign this Admission Application.</i>		<i>*If checked a court-ordered Final Judgment (custody papers) must be submitted and all parties who share custody must sign this Admission Application.</i>		<i>*If checked a court-ordered Final Judgment (custody papers) must be submitted and all parties who share custody must sign this Admission Application.</i>	
Notes					

I acknowledge that I have completed this student application truthfully and to the best of my knowledge. I understand that Holy Trinity School may not accept my child as a student after this application has been reviewed. If any information changes I will notify the school office in writing as soon as it occurs.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Review application for completeness, sign and date, and submit with your \$75 (per family) non-refundable registration fee



Holy Trinity Catholic School 2016-2017 Preschool Tuition & Fees Worksheet



Student(s) Name _____

Preschool Annual Tuition

Age	Number of Days	Full or Half-day	Cost	Price if other children enrolled in HTS
3 year old	2 days/week	Half-day	\$1,375	\$1,325
3 year old	2 days/week	Full-day	\$2,100	\$2,050
4 year old	3 days/week	Half-day	\$1,600	\$1,550
4 year old	3 days/week	Full-day	\$2,425	\$2,375
4 year old	5 days/week	Full-day	\$3,650	\$3,600

Please enter your total Preschool tuition amount from the table at left

\$ _____

There are two options for preschool tuition payment at Holy Trinity Catholic School.

- Annual payment of entire tuition paid directly to the school by August 31, 2016. Please note:
 - Families who make their annual payment on or before August 14, 2016 will receive a 2% discount.
 - Families who do not make their annual payment by August 31st will be required to convert to SMART tuition payment plan N
- SMART Tuition payments- Monthly payments begin in August 2016 and extend through April 2017 (total of 9 payments) **(Plan N)**
 - A completed SMART Tuition agreement must be completed and submitted with your Admission application
 - There is a one-time yearly \$50.00 administrative fee charged by SMART and it will be added to the first payment. Only one fee will be charged per family regardless of the number of students enrolled.
 - The SMART payment methods are as follows:
 - Automatic payment from bank account or via a credit card
 - Online payment
 - Payment by telephone
 - Payment by mail (invoices will be sent instead of coupons)
 - All families participating in SMART will receive invoices via email. Those who pay by mail will receive paper invoices as well.
 - If your payment is not received by SMART on the due date, your account will be charged \$30.00.

Please indicate your payment preference below :

- Full Payment
 SMART Tuition Payments

Signature of Parent/Legal Guardian/Other

Date

Signature of Parent/Legal Guardian/Other

Date

FOR OFFICE USE ONLY

BRIDGE

\$ _____

SOS Fund

\$ _____

Calculations approved by: _____