

faithful + beginnings

at Holy Trinity Catholic School

REGISTRATION FORMS

2023-2024 school year

Both parents and/or legal guardians **MUST**
sign each form in this packet.

Please return all completed forms by the
first day of school.

ATTN: Kristy Wagner
745 6th Avenue South
SSP MN 55075



EDUCATION ROOTED IN HOLINESS

Start Date _____

Child's Full Name _____ Birthdate _____

Address _____

City _____ Zip Code _____ Home phone # _____

Parent(s) or Guardian _____

Date of last physical examination _____ How long have you been seeing this child? _____

Does this child have any allergies (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

What is the status of the child's... Vision _____

Hearing _____

Speech _____

Please list below the important health problems:

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed By Other Med Source (Name)</u>	<u>Requires Special Attention at Center</u>

Other information helpful to the child care program _____

Phone _____

Signature of Health Source _____ **Address** _____

Date _____

Child's Full Name _____ Birthdate _____

Mother's Name _____ Father's Name _____

Names/Ages of Siblings _____

Address _____

City _____ Zip Code _____ Home phone # _____

Mother's Place of Employment _____ Work phone # _____

Mother's Signature _____ Cell phone # _____

Father's Place of Employment _____ Work phone # _____

Father's Signature _____ Cell phone # _____

Physician's Name _____ Tel. # _____

Dentist's Name _____ Tel. # _____

Person(s) who will be contacted if parents cannot be reached in the event of an **emergency or illness** and who is/are authorized to pick up the child from school:

_____	_____	_____
Name	Address	Phone #
_____	_____	_____
Name	Address	Phone #
_____	_____	_____
Name	Address	Phone #

In the event of a MEDICAL EMERGENCY the school procedure will be as follows:

1. Contact the parents at home or at work.
2. Person(s) you have designated/authorized may be asked to care for your child if you cannot be reached.
3. Depending on the medical emergency, 911 may be called and a police vehicle or ambulance may transfer your child to a hospital emergency service.

Please designate which hospital is first choice: _____

Parent Signature

Date

Start Date _____

Child's Full Name _____ Birthdate _____

Nickname _____ Male _____ Female _____

Religious Affiliation _____ Language spoken in the home _____

Mother's Name _____

Mother's Address _____

City _____ Zip Code _____ Home phone # _____

Mother's Occupation _____ Working Hours _____

Mother's Signature _____ Cell phone # _____

Father's Name _____

Father's Address (if different than Mother's) _____

City _____ Zip Code _____ Home phone # _____

Father's Occupation _____ Working Hours _____

Father's Signature _____ Cell phone # _____

Physician's Name _____ Tel. # _____

Dentist's Name _____ Tel. # _____

Names/Ages of Siblings _____

Address _____

City _____ Zip Code _____ Home phone # _____

SOCIAL DEVELOPMENT:

Has your child had previous group experience? _____

Where? _____

Does your child have neighborhood playmates? _____ How many? _____

(continued)

What is the age and gender of the playmates? _____

Social behavior - Please circle the word or words which describe your child:

Shy Friendly Cautious Outgoing Aggressive Fearful

What do you expect for your child from his/her preschool experience? _____

Person(s) AUTHORIZED to take your child from school:

_____ Name	_____ Address	_____ Phone #
_____ Name	_____ Address	_____ Phone #
_____ Name	_____ Address	_____ Phone #

*Person(s) UNAUTHORIZED to take your child from school:

_____ Name	_____ Address	_____ Phone #
_____ Name	_____ Address	_____ Phone #
_____ Name	_____ Address	_____ Phone #

*Legal written documentation may be required

Start Date _____

Child's Full Name _____ Birthdate _____

1. I hereby grant permission for my child to use all of the play equipment and participate in all activities at Faithful Beginnings at Holy Trinity Catholic School.
2. I hereby grant permission for my child to leave the Holy Trinity Catholic School premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle (school bus).
3. I hereby grant permission for the teacher to take whatever steps may be necessary to obtain emergency care, if warranted. These steps include, but are not limited to the following:
 - 1) Attempt to contact parent or guardian
 - 2) Attempt to contact the child's physician
 - 3) Attempt to contact the parent through persons listed on the Emergency Care Information
 - 4) If the emergency is urgent, we will call 911 immediately and then do the above steps.
 - 5) Any expenses incurred under #4 above, will be borne by the child's family.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Please sign the following regarding your child's withdrawal from the Faithful Beginnings, as stated on page 5 in the Parent Handbook.

I hereby agree to pay tuition for four (4) weeks after notifying the Director of Faithful Beginnings at Holy Trinity Catholic School IN WRITING of my intent to withdraw my child.

Parent Signature

Date

Child's Full Name _____ Birthdate _____

CLASS LIST PERMISSION

Please **check all that apply**:

I give permission to the Preschool at Holy Trinity Catholic School to share the following information with families within the program:

- ☐ Child's Name
- ☐ Parents' Names
- ☐ Phone Number - Please specify which number: _____
- ☐ Home Address
- ☐ Email - Please specify which email address: _____

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

LATE FEE CHARGE

I am aware of the late fee charge in the event I am not at the Preschool at the designated time to pick up my child after class. As stated in the Faithful Beginnings Parent Handbook, my child will be brought to our B.A.S.E. program and be billed accordingly via TADS.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Child's Full Name _____ Birthdate _____

The following information is required to be on file for every child enrolled in the preschool program as required by the Minnesota Department of Human Services. This information will be kept in your child's file.

Physician's Name _____ Tel. # _____

Physician's Address _____

City _____ Zip Code _____

Insurance/Policy # _____

Names of those who have access to child's health information: _____

Dentist's Name _____ Tel. # _____

☐ Please check if NO dentist

Dentist's Address _____

City _____ Zip Code _____

Start Date _____

Child's Full Name _____ Birthdate _____

HOME ENVIRONMENT

Child resides with: *(Please circle the appropriate answer)*

Both parents Mother Father Guardian Foster Parents

Mother & Stepfather Father & Stepmother Other _____

Children in the Family: *(other than preschool child)*

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

EMOTIONAL BEHAVIOR *(Please circle the word or words that describe your child)*

calm excitable easily angered temper tantrums crying cheerful
 Happy cooperative quiet independent active fights often
 gives in easily wants own way shy whining outgoing stubborn

What behavior(s) do you consider the most difficult to deal with? _____

Does your child have any fear? How does he/she show fear? _____

What is your child's favorite play activity? _____

What is your child's favorite toy? _____

Any food allergies? Please specify _____

What is your child's phrase for urinating? _____ Bowel movements? _____

Does your child tend to be RIGHT handed or LEFT handed? *(circle one)*



at Holy Trinity Catholic School

HANDBOOK AGREEMENT

Start Date _____

Child's Full Name _____ Birthdate _____

After reading the Faithful Beginnings at Holy Trinity Catholic School Parent Handbook, please sign below and return this form to your child's teacher during the first week of school. Thank you!

We have received and read the Faithful Beginnings at Holy Trinity Catholic School Parent Handbook and agree to be governed by the policies contained herein.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____