



Holy Trinity Catholic School

Preschool Enrollment Policy and Checklist

2019-2020



Financial Obligations

Enrollment for all students at Holy Trinity School Catholic is contingent on all financial obligations being met. Failure to satisfy financial obligations may result in the space(s) being reserved for your child(ren) being given to a child(ren) on a waiting list. See the Tuition and Fees Agreement for more details.

Wait List

Should any applicants apply for enrollment in a class that has already been filled for next year will automatically be placed on a wait list and notified if an opening becomes available.

Registration Checklist – Preschool

All Preschool applicants:

- Preschool Admission Application Form- *signed and dated*
- Evaluation/Medical form (if you checked “Yes” in the Health box on the Admission Application)
- Tuition & Fees Agreement- *signed and dated*
- Emergency Form- *signed and dated*
- SMART Tuition Confirmation page (*for those not paying in full by August 30th, 2019*)
 - Go to our website at www.holytrinityelementary.org , click on the link to register with SMART Tuition, **SELECT 2019-2020 SCHOOL YEAR**, and **submit confirmation page to the school**
- Non-refundable \$75 registration fee per family
- Child Health Report

First-time applicants (*your child did not go to Preschool at HTS previously*) – please provide copies of the following record for your child at the time of registration:

- Birth certificate



Holy Trinity Catholic School 2019-2020

Preschool application



Family Information		<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic		Language Spoken at home (90% of time)	
Mother/Guardian _____ Father/Guardian _____ Address _____ City _____ State _____ Zip _____ Phone (H) _____ (C) _____ Email _____		Parish (if Catholic) _____ School District _____		For Office Use Only <input type="checkbox"/> Accepted Date Received _____ Initials _____ <input type="checkbox"/> Tuition Agreement <input type="checkbox"/> Registration Fee <input type="checkbox"/> Emergency Form <input type="checkbox"/> Immunization <input type="checkbox"/> SMART Confirmation <input type="checkbox"/> Birth Certificate Check # _____	
Child 1			Child 2		
<input type="checkbox"/> Returning <input type="checkbox"/> New			<input type="checkbox"/> Returning <input type="checkbox"/> New		
Last Name		First Name		Last 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 Birth Date _____ US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnic Background <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander		Sex <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____ US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Birth Place City _____ County _____ State _____ Country (if outside US) _____				Birth Place City _____ County _____ State _____ Country (if outside US) _____	
Health			Health		
Has your child ever...Check Yes or No for each			Has your child ever...Check Yes or No for each		
....been diagnosed with a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> Nobeen diagnosed with ADD/ADHD? <input type="checkbox"/> Yes <input type="checkbox"/> No ...taken medication associated with this disability? <input type="checkbox"/> Yes <input type="checkbox"/> No ...had special medical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No ...has your child participated in the DART program? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes for any of the above a copy of the evaluation/ medication form from your doctor must be provided at the time of registration		been diagnosed with a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> Nobeen diagnosed with ADD/ADHD? <input type="checkbox"/> Yes <input type="checkbox"/> No ...taken medication associated with this disability? <input type="checkbox"/> Yes <input type="checkbox"/> No ...had special medical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No ...has your child participated in the DART program? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes for any of the above a copy of the evaluation/ medication form from your doctor must be provided at the time of registration		
Child Resides With <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other* _____ Does someone else have shared custody? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If checked a court-ordered Final Judgment (custody papers) must be submitted and all parties who share custody must sign this Admission Application.			Child Resides With <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other* _____ Does someone else have shared custody? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If checked a court-ordered Final Judgment (custody papers) must be submitted and all parties who share custody must sign this Admission Application.		
<i>Complete form, sign and date, and submit with your registration fee— please write neatly</i>					

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

Preschool Tuition & Fees Agreement

2019-2020



This Holy Trinity Catholic School Preschool Tuition & Fees Agreement 2019-2020 dated _____ is made and entered into between Holy Trinity Catholic School (“Holy Trinity”) and _____ (collectively, the “Responsible Party”), who is/are the (check one):

(If two parties are listed above, both must sign if they wish to be jointly responsible for this account and have access to it)

Parent (s) Legal Guardian (s) Other (explain) _____

of the following students (collectively, “Student” or “Students”):

Student Name	Preschool 2019 - 2020

Preschool Annual Tuition

Age	Number of Days	Full or Half-day	Cost	Rate if other children enrolled in HTS
3 year old	2 days/week	Half-day	\$1,690	\$1,640
3 year old	2 days/week	Full-day	\$2,560	\$2,510
4 year old	3 days/week	Half-day	\$1,960	\$1,910
4 year old	3 days/week	Full-day	\$2,940	\$2,840
4 year old	5 days/week	Full-day	\$4,395	\$4,295

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

\$ _____

1. Payment of Tuition and Fees

There are two options for tuition payment:

A. Annual payment of entire tuition paid directly to the school by August 30th, 2019.

- Families who make their annual payment on or before August 14th, 2019 will receive a 2% discount.
- Any non-tuition fees or balances that become past due by 30 days will be added to the existing tuition accounts for the 2019-2020 year. This can include Extended Day Fees, Returned Check Fees, Cafeteria Fees, as well as any other fees that may be assessed.

B. SMART Tuition payments (see frequency choices below)

Families electing to make their tuition payments via SMART (who are not already enrolled), please note:

- A completed SMART Tuition confirmation page must be submitted with your Admission application
- There is a one-time per year \$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 a late fee of \$30.00.

SMART Payment Plans

Preschool:

- △ Monthly payments begin in August 2019 and extend through April 30, 2020 (total of 9 payments)

Please indicate your payment preference below:

_____ Full payment due August 30, 2019 paid directly to Holy Trinity School.

_____ SMART Tuition Monthly Payments

2. Year End Account Balance

Any remaining account balance mentioned above, including but not limited to cafeteria fees, extended day fees, as well as any other fees that may be assessed, must be received by Holy Trinity on or before May 29, 2020/last day of school unless special arrangements have been made in writing and signed by the Parish Business Manager and the Principal. Failure to pay any amount required herein, including without limitation the foregoing, by May 29, 2020 shall result in the following:

- Child(ren) will not be re-admitted for the next school year.
- If you have already enrolled your child(ren) for next year, the space(s) being reserved for them may be given to a child(ren) on a waiting list.
- Child(ren) cannot be admitted to another Catholic elementary, middle or high school.
- Transcripts will not be forwarded to other schools until balances are paid in full.

3. Withdrawal

If a Student is withdrawn for any reason other than a request by Holy Trinity or mutual agreement during the school year, a written and signed notice of withdrawal (with the date of withdrawal) must be received by Holy Trinity a minimum of 7 calendar days before the effective date of withdrawal. In connection with withdrawal, Tuition and Fees listed on page 1 of this document (including Fundraising and Volunteer Fees) are owed to Holy Trinity on a "prorated" basis, using the same criteria as outlined in the Prorated Tuition policy below.

4. Prorated Tuition

- For children beginning school after the start of the school year, tuition will be prorated by the Principal and Advancement Director.
- (Preschool): A refund of prepaid tuition will be based upon the total number of calendar days in which preschool planned to hold sessions during the school year.

- Any refunds given for Preschool will not include registration fees, Smart Tuition fee, late fees, bounced check charges.

5. Registration Fee

- A separate registration fee in the amount of \$75.00 per family is required for **preschool** applicants.
- **The registration fee is non-refundable for any reason, including but not limited to, a denial of a Student's application.**

6. Financial Aid, Scholarships, Grants

No monetary aid is guaranteed. Aid received through the Diocese is generally through the FACTS Grant & Aid program, Bishop's Education Fund (BEF), and Tax Credit (EITC & OSTC) funds. Any money received on behalf of a student will be applied to the family's account equally throughout the remainder of the school year.

7. Returned Checks

All returned checks will incur a fee of \$25.00. If two checks are returned for insufficient funds, Holy Trinity will no longer accept personal checks and you will be required to pay in cash or with a certified check.

8. Acceptance of Enrollment

- I/We understand that a place will be reserved for our Student(s) only if this form, the registration fee and other required registration documents are submitted and other conditions of enrollment are met.
- I/We understand that acceptance of enrollment depends on Student's successful completion of the current school year and on full payment of all tuition and fees for the current and/or prior school years.
- I/We understand that all Students are admitted on a 30 day probation period and Holy Trinity reserves the right to deny enrollment and/or expel a Student whom it determines is unsuitable for enrollment.

9. Contact Information

If both parents wish to have access to financial information regarding their tuition account with Holy Trinity, both must sign this agreement and be added to the SMART Tuition account, (if applicable). Otherwise, in order to gain access to this information later, the parent not signing this agreement will need a letter of approval from a parent who originally signed this agreement.

I/We, the Responsible Party, have read and understand the terms and conditions of this Agreement, for the enrollment of Student(s) for the 2019-2020 school year. I/we agree to abide by said terms and conditions and agree to fulfill the total financial obligation for payment of tuition as set forth herein.

1.

_____ Signature of Parent/Legal Guardian/Other	_____ Date
_____ Print Name	_____ Phone
_____ Mailing Address	_____ Email Address

2.

_____ Signature of Parent/Legal Guardian/Other	_____ Date
_____ Print Name	_____ Phone
_____ Mailing Address	_____ Email Address



Holy Trinity Catholic School

WHERE FAITH, EDUCATION, AND VALUES UNITE

2019-2020 Emergency Plan Form

Dear Parents,

This letter is concerning the unexpected emergency dismissal plan for Holy Trinity School. In the event of an unexpected emergency dismissal it is **extremely important** that the school knows just how your child is to go home. We need to know two main phone numbers of contact and if your child will be a bus rider or a car rider. Please make sure to review this information with your child also.

When an unexpected dismissal occurs you will receive a call from the phone calling system School Messenger. In an important effort to make the best and most accurate use of the School Messenger Instant Parent contact system, we are asking that you submit to us two main phone numbers of contact that you will answer. The Primary contact number will be used to call you every time we send a School Messenger call, regardless of the urgency of the message. The Secondary Contact number will be called at the same time as the Primary number on calls where the message we are sending is of a more urgent or time sensitive nature to ensure that we get the call to you as soon as possible. School Messenger will inform you of all necessary information pertaining to the dismissal. At that time your dismissal plan will go into effect. **Do not call** the school office with any questions or changes as we need to keep the school phone lines open for the necessary emergency needs. Even if you sent in a note that day with different dismissal arrangements those are **voided** and **ONLY** the emergency dismissal plan is in effect.

Please see the form below. We need to know your family name, if you are a bus rider or a car rider along with two main phone numbers of contact in the event of an unexpected dismissal. If you cannot decide at this time your child will automatically be a car rider. If this form is not returned to the school your information will not be included with the School Messenger system therefore, leaving us unable to contact you with any information. This service will also be used for school and event cancellations along with two hour delays.

We thank you for your cooperation in this matter. If we all work together as a team we will have a safe and effective emergency dismissal plan.

Thank you,
The School Office

These phone numbers will be used for our automated system that alerts families of 2 hour delays, cancellations, early dismissals, and emergencies. It is not an emergency contact number.

Family Name (Please Print)

Car or Bus Rider

Primary Contact Number:

Secondary Contact Number:

Holy Trinity Catholic School Emergency Information and Emergency Plan Form

Family Last Name: _____

First Names of Children and Grade for 2019-2020: _____

School District: _____ Home Phone #: _____

Address: _____

Father's Name: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

Mother's Name: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

Do any of your children have a Medical Condition? YES _____ NO _____

Write child(ren) name(s) next to the condition: Severe Allergy (that requires medication) _____

Asthma _____ ADD _____

Seizures _____ Behavioral/Emotional _____

Other _____

Medications: _____

AS THE CARE AND TREATMENT OF ANY CHILD IS PRIMARILY THE RESPONSIBILITY OF THE PARENT, EVERY EFFORT WILL BE MADE TO CONTACT YOU FIRST. PLEASE LIST 2 EMERGENCY CONTACTS WHO MAY PICK UP YOUR CHILD(REN) DURING SCHOOL HOURS.

Name: _____ Relationship: _____ Telephone #: _____

Name: _____ Relationship: _____ Telephone #: _____

TO WHOM IT MAY CONCERN: If neither of the parents or guardians can be contacted in the case of a serious injury or illness, I hereby authorize representatives of Holy Trinity Catholic School to act as an agent to secure emergency transportation for (write all children's names) _____, a minor child or minor children, for whom I am responsible. I hereby agree to hold Holy Trinity Catholic School and its representatives harmless for exercising judgement in authorizing transportation of my child.

Parent Signature: _____

It is extremely important that all requested information on this form be kept up to date for your child's welfare. Please notify the school office of any changes to the above information.

Family Email Address: _____

NOTE: Student Name, address, phone number and email address will be placed in a school directory which will be given to all families. If you do not wish to have this information listed please indicate below.

_____ I do not wish to have the contact information listed in the directory.

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.