

# Holy Trinity Preschool



Where children love to learn and learn God's love  
37 W. Genesee Street, Skaneateles, NY 13152  
315-685-5820 / email: [holytrinitypreschool@yahoo.com](mailto:holytrinitypreschool@yahoo.com)  
website: [holytrinitypreschool.com](http://holytrinitypreschool.com)

## Confidential Child Registration Form

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

Who does this child live with? Is this child living with extended family or in a blended or non-traditional family (e.g. with grandparents)? \_\_\_\_\_

Names and ages of other children in the home:

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

Persons authorized to pick up child (other than parent):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

### HTP Class List Information:

Note: It is our policy to include your child's name and birthdate, parents' names, address, email address and phone number in a class list distributed to parents in your child's class and on the secure (password required) section of our website. If you do NOT wish for information other than your child's name to be included in this list, please check here \_\_\_\_\_ .

over, please

# Child Questionnaire

Parents/Guardians: The information on this form is collected in order to aid the teachers in understanding and guiding your child. If there is information that we have not addressed that would be helpful, please add a page with this information.

Please answer the following questions:

Name you would like your child to be called: \_\_\_\_\_

Name you would like your child to learn to write: \_\_\_\_\_

What are your child's fears, if any (e.g. lightning, darkness, dogs, etc.)?

Does your child have any physical issues (e.g. speech, coordination, allergies, etc.)?

Do you have any concerns about your child's behavioral or emotional well-being of which we should be aware (e.g. shyness, etc.)?

Does your child have a left or right hand preference?

Are there languages other than English spoken at home?

Is there any additional information about your child that would help the teachers in working with your child (e.g. comforting mechanisms, unusual habits)?

What are your goals and expectations for your child in the upcoming year? (if additional space needed please add page with information)

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Child's Class and Teacher \_\_\_\_\_

## Field Trip Release

I give permission for \_\_\_\_\_ (child's name) to leave the premises of Holy Trinity Preschool for field trips or walks accompanied by his/her teacher and assistant. This permission form allows my child's teacher to accompany him/her on any and all trips unless indicated otherwise. Parents will be notified of all trips through notices, newsletters or emails.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

## Photo/Video Release

I give permission for \_\_\_\_\_ (child's name) to be photographed and/or videotaped during school activities. Photographs or videos may be used in publications for the school or on our school website.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

## Electronic Communication Agreement

I understand that electronic will be the primary means of communication at HTP. Flyers and other information will occasionally be sent home but email will be used to share information regarding certain events, trips and last minute changes etc. *A test email will be sent to your preferred email on Friday, August 30, 2013.*

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
preferred email(s)