

Enrollment Forms TOC

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PRESCHOOL PRE-REGISTRATION FAMILY QUESTIONNAIRE

Your child must be 3 or 4 years old before September 30th, and potty-trained to enter class. Classes will be filled on a FIRST COME BASIS, and you will receive a letter of notification. Please submit the registration form packet and fees to complete your student’s enrollment.

Student Name: _____ **Date:** _____

Caregiver’s Name(s): _____

1. How did you hear about our school? _____

2. How is Christ important in your life? _____

3. Are you willing to work with your child and the teachers to ensure the best possible education?

For example: Reading teachers letters in the communication folder, creating good communication with teachers and administration, getting to school on time, handling concerns kindly, with respect, and patience, following the handbook rules and procedures. YES / NO

4. What expectations do have for your child at Holy Trinity? _____

5. What expectations do you have for our Principal and Teachers? _____

6. We do not follow the Common Core Curriculum. We are a Classical school. We teach a Classical Curriculum: We teach about Christ and His love for all of us, character building, seeing the beauty in the world, Ancient History, Arts, Language, Music, Science and more! Parents are expected to help nurture their child's education at Holy Trinity. Teachers are here to help but your child trust you the most and looks to you for understanding the world around them. **Are you willing to cooperate with the teachers in your child's education? YES / NO**

7. We are fair, consistent, and loving in every learning experience especially because children display diverse behaviors based on their life experiences. We also follow through with our discipline policy where we expect students to be respectful to others and themselves. We will guide a child in learning how to build social/emotional skills, growth mindset, and Christ-like virtues in a classroom setting and beyond. With your help we will reinforce why education is important: nurturing a good work ethic by explaining one should always try their best and finish what one starts, perseverance and optimism, getting to school on time, turning in homework, keeping open communication with teachers and administration, and really caring about one's community by participating in projects to help others in our community. **Do you believe in and will reinforce our school standards and procedures?** _____

Parent / Guardian Signature: _____ **Date:** _____

PRESCHOOL REGISTRATION FORM - Student Information - PLEASE PRINT NEATLY

Previous School – For new students, please provide the name and address of the last school attended:

Name of School: _____

Address of School: _____

Grade at time of withdrawal: _____

Required Forms: Prior to the start of the school year, I (we) agree to provide updated copies of all required Ohio Department of Education statistics forms, health forms, physical examination reports, and immunization records.

I am (we are) the parents/guardians of the student named above and hereby consent to the student's attendance at the HTOCA campus for this school year. I (we) acknowledge receipt of the student handbook and agree with the purposes and conditions contained therein.

Parent / Guardian Signature: _____ **Date:** _____

Parent / Guardian Signature: _____ **Date:** _____

RACIAL NONDISCRIMINATORY POLICIES * (3301-39-04 SEC. A [3] [5] AND SEC. B[1])

The governing board of the Holy Trinity Orthodox Christian Academy, Inc., located at 175 Laird Ave NE in Warren, Ohio has adopted the following racial nondiscriminatory policies:

Holy Trinity Orthodox Christian Academy, Inc. will not discriminate on the basis of race, color, biological sex, or ethnic origin.

PRESCHOOL REGISTRATION FORM - Information Regarding Legal Custody

To be completed as part of the registration/re-registration application

Student Name: _____ **Grade:** _____ **School Year:** _____

Address of child's residence: _____

Child lives with:

- _____ Both natural parents
- _____ Natural mother, step/adoptive father
- _____ Natural father, step/adoptive mother
- _____ Only mother
- _____ Only father
- _____ Grandparents (with legal custody)
- _____ Other relative (with legal custody) Relationship: _____
- _____ Other - Please explain: _____

Residential Parent/Guardian Name: _____

Street Address: _____

City, Zip: _____

Phone: _____

Is there a court order (or pending order) affecting the custody? and/or residency of the child? YES / NO

Please attach a certified copy of the page of the court decision bearing the case number and those sections referring to visitation rights and contacts with the school. Also include the page bearing the Judge's signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in this school. It is also the responsibility of the parents to inform the Principal of any subsequent modifications during the child's tenure at the school.

Non-Residential Parent/Guardian Name: _____

Street Address: _____

City, Zip: _____

Phone: _____

Does the non-residential parent have visitation rights? YES / NO

Is there a court decision that states that the non-residential parent should NOT receive school information or attend school activities? YES / NO

Is the non-residential parent responsible for paying tuition? YES / NO

A complete copy of the school's procedures dealing with family custody situations is included in the family handbook.

Signature: _____ **Date:** _____

PRESCHOOL REGISTRATION FORM - Individuals with Disabilities Education Act (IDEA)

The *Individuals with Disabilities Education Act (IDEA)* is a federal law that requires each state to ensure that a free appropriate public education (FAPE) is available to all eligible children with disabilities residing in that state.

Children with disabilities who are enrolled by their parents in private schools, including religious schools, the provision of FAPE is not at issue. In IDEA, these children are often referred to as “parentally placed private school children” with disabilities, and the benefits available to them differ from the benefits for children with disabilities in public schools.

As stated in the Ohio Nonpublic Guidelines, *“Determination of Services. A child with a disability attending a nonpublic school does not have an individual right to receive some or all of the special education and related services that the child would receive if enrolled in a public school.”*

The local school’s obligations to private school students with disabilities are different from its obligations to those students enrolled in public schools or to students with disabilities placed in a private school setting by a public agency (rather than by parents) by way of providing Free Appropriate Public Education. Students with disabilities whose parents enroll them in a private school are not individually entitled to services they would have if they were enrolled in a traditional public school.

Holy Trinity cannot provide accommodations for all students wanting to enroll with an existing IEP. If, under special circumstances a student is accepted for enrollment at Holy Trinity the parent/caregiver will be responsible in contacting their child’s IEP Team and signing the appropriate documents, no longer excepting the public school’s services: Understanding the public school services will cease at the time of enrollment at HTOCA. We require a copy of all current IEP documents.

Every applicant, on the HTOCA application, is required to answer the question:

Special Needs – Does this student have any special educational needs? YES / NO

If “YES” please provide a complete description on a separate sheet as well as a copy of the IEP if applicable. This includes any special testing results done at Cleveland Clinic, Akron Children’s or likewise.

If the HTOCA application is falsified in any way or is misleading the child may be asked to leave during the current school year and will not be accepted the following year. If HTOCA is unaware of an existing IEP or any special needs including but not limited to social/emotional, behavioral and/or special physical needs and accommodations of a student, the parent will be responsible for any accommodation for the child’s needs off site.

If a child has a special need arise during the school year due to an injury or unexpected event, we will make the parent aware of the child’s needs and how we are able to accommodate those needs based on the current staff and funding. If we feel the child would not be given the best services possible under our care, we will then direct the parent to a school or facility that would give the child the best educational services to meet their needs.

Signature: _____ **Date:** _____

PRESCHOOL REGISTRATION FORM – Tuitions and Financial Responsibility

Annual Tuition: \$ _____ – May be paid in 10-month equal installments **August through May.**

FULL-Day Programs

_____ **5 Full-day** \$380/month (+\$380 Deposit)

_____ **3 Full-day** \$247/month (+\$247 Deposit)

(3-Day programs are Tuesday through Thursday)

HALF-Day Programs

_____ **5 Half-day** \$209/month (+\$209 Deposit)

_____ **3 Half-day** \$136/month (+\$136 Deposit)

(3-Day programs are Tuesday through Thursday)

Please note: The above preschool tuitions are based on full-year enrollment with a 10-month payment plan. For mid-year enrollments, or month-to-month enrollments, a prorated monthly rate will apply.

Deposit: A one-month's earnest payment (deposit) is due at registration to hold your student's place in class. This deposit will be used as your last tuition payment in May and is not refundable in case of cancellation or withdrawal.

Tuitions are due on the 1st of every month. As a courtesy we provide a 15-day grace period. Accordingly, if payments are made on or after the 16th of the month a \$15 late fee is applied.

Annual Registration Fee: Due at time of registration, this fee covers the basic costs of administrative time to enroll and assess students. This fee is non-refundable.

Preschool Student Registration Fee: \$150.00

Miscellaneous Fees: Due at each occurrence, these fees cover the costs for extra wages and/or bank fees.

Late Pickup Fee: \$25.00

Returned Check Fee: \$35.00

Financial Obligations (*signed with Promissory Note*) – I/we agree to fulfill all financial obligations according to the Tuition Payment Schedule (above) and Promissory Note (below). This includes the annual, nonrefundable, registration fee, and a nonrefundable deposit to hold a place in the class. Tuition may be paid in full, or according to your Tuition Payment Schedule.

Checks may be payable to **Holy Trinity Orthodox Christian Academy, Inc., Holy Trinity OCAAP, Holy Trinity, or HTOCA.** We accept cash and check. We also accept PayPal and most major credit cards via our website.

FOR OFFICE USE ONLY:

Annual Registration Fee (Amount/Check #): _____ **Date:** _____

ONE-TIME Yearly Lunch Fee (Amount/Check #): _____ **Date:** _____

Excused (needs administrative approval): Registration Fee: _____ Lunch Fee: _____ Other: _____

*** ONLY send applications to the treasurer once forms and payments are complete.**

PRESCHOOL REGISTRATION FORM – Health & Medical

Child’s Immunization and Medical Statement – (for physician)

Child’s Name (please print): _____ Date of Birth: _____

Parent/Guardian Name (please print): _____ Date of Exam: _____

THIS IS TO CERTIFY THAT I HAVE EXAMINED THIS CHILD AND HAVE FOUND THAT:

1. THIS CHILD HAS HAD THE IMMUNIZATIONS REQUIRED BY SECTION 3313.671 OF THE REVISED CODE FOR ADMISSION TO SCHOOL, OR IS TO BE EXEMPTED FROM THESE REQUIREMENTS FOR MEDICAL REASONS.

| VACCINE | DOSE1 | DOSE 2 | DOSE 3 | DOSE 4 | DOSE 5 |
|---------|-------|--------|--------|--------|--------|
| DTP (5) | | | | | (1) |
| IPV (4) | | | | (1) | |
| HBV (3) | | | | | |
| MMR (2) | | (1) | | | |
| HIB (3) | | | | | |

2. THIS CHILD HAS BEEN GIVEN A TB TEST. DATE _____ RESULTS _____ IF POSITIVE, WHAT IS THE CONTAGIOUS PERIOD AND TREATMENT: _____

3. BASED UPON MEDICAL HISTORY AND PHYSICAL CONDITION AT THE TIME OF THIS EXAM, THIS CHILD IS FREE FROM APPARENT COMMUNICABLE DISEASES AND IS IN SUITABLE CONDITION TO BE AT SCHOOL.

LIST ANY HANDICAPS, ALLERGY, OR SPECIAL HEALTH CONDITION OF THE CHILD: _____

INDICATE ANY LIMITATIONS OR MODIFICATIONS OF THE CHILD’S PARTICIPATION IN DAILY SCHOOL ACTIVITIES OR ANY SPECIAL TREATMENTS: _____

Physician’s Name (please print): _____ PIN No. _____

Physician’s Street Address: _____ City: _____ State: _____ Zip: _____

Physician’s Signature: _____ **Date:** _____

PRESCHOOL REGISTRATION FORM – Health & Medical

Parent or Guardian Request to Administer Oral or Topical Medication

As the parent or legal guardian of _____, who attends Holy Trinity Orthodox Christian Academy and Preschool, I request that my child be allowed to have the medication administered described below as prescribed by Dr. _____. I also understand that I must submit a revised signed statement by the physician if any of the information originally provided by the physician changes.

ALL MEDICATION MUST BE RECEIVED IN THE ORIGINAL PRESCRIPTION PACKAGING, PROPERLY LABELED BY A REGISTERED PHARMACIST AS PRESCRIBED BY LAW. ALL MEDICATIONS MUST BE LABELED WITH THE STUDENT’S NAME, NAME OF MEDICATION, DOSE OR MEDICATION, AMOUNT OF MEDICATION PRESCRIBED, AND THE TIMES THE MEDICATION IS TO BE TAKEN.

Parent / Guardian Signature: _____ Date: _____

Physician’s Order for Prescribed Oral or Topical Medication

Both state law and Holy Trinity Orthodox Christian Academy and Preschool require the following when children need administration of prescription drugs. Please complete the following information and return to school.

1. Name of Student: _____ Age: _____
2. Address: _____
3. School: **Holy Trinity Orthodox Christian Academy, Inc.**
4. Name of Medication: _____
5. Times at which the medication is to be administered: _____
6. Administration of medication to **BEGIN**: _____
7. Administration of medication to **END**: _____
8. Significant Effects (Adverse Reaction) which should be reported: _____

9. Additional special instructions for administration or care of the drug: _____

Physician’s Signature: _____ **Phone:** _____ **Date:** _____

Parent / Guardian Signature: _____ Date: _____

THERE MUST BE NOTIFICATION TO SCHOOL EMPLOYEES IF ANY INFORMATION PROVIDED BY THE PHYSICIAN CHANGES.

PRESCHOOL REGISTRATION FORM – Health & Medical

Health Record Questionnaire

1. **Allergies** (List all allergies affecting the child and any special precautions or treatments indicated for these allergies): _____

2. **Medications or Food Supplements** (List all medications or food supplements currently being administered to the child): _____

3. **Dietary Restrictions** (List all modified dietary restrictions affecting the child): _____

4. **Chronic Physical Problems** (List all chronic physical problems affecting this child): _____

5. **History of Hospitalizations** (List dates or all hospitalizations of the child): _____

6. **Diseases** (List all diseases that the child has had): _____

7. **Medical Treatment** – Should the need arise to treat a cut or scrape on my child, I permit the use of Neosporin: YES / NO

8. **Is your child Exempt from Immunizations?** YES / NO **Reason:** _____

Parent / Guardian Signature: _____ **Date:** _____

PRESCHOOL REGISTRATION FORM – Health & Medical

Emergency Transportation Authorization and Emergency Medical Care

| | | |
|-------------------------|----------------------------------|----------------------------------|
| Child's Name | Mother's Name | Father's Name |
| Home Address | Home Address, City, State, Zip | Home Address, City, State, Zip |
| City, State, Zip | Telephone Number () | Telephone Number () |
| Telephone Number () | Employer Address | Employer Address |
| | Employer Telephone Number () | Employer Telephone Number () |

If not at home or work, please give other telephone number where parents can be reached:

Father: _____ Mother: _____

PEOPLE TO CONTACT IN EVENT OF EMERGENCY, if parent cannot be contacted:

| | |
|-------------------------|-------------------------|
| Name | Name |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |
| Telephone Number () | Telephone Number () |

MEDICAL PROVIDERS:

| | |
|-------------------------------------|----------------------------------|
| Name of Physician or Medical Clinic | Name of Dentist or Dental Clinic |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |
| Telephone Number () | Telephone Number () |

Part I - PERMISSION TO TRANSPORT CHILD (Fill in either PART I or PART II, not both)

I grant Holy Trinity Orthodox Christian Academy permission to transport my child to:

Hospital / Clinic: _____ for emergency medical care,

or to Dentist / Dental Clinic: _____ for emergency dental care or to the nearest available source of assistance.

Parent / Guardian Signature: _____ Date: _____

Part II - REFUSAL TO GRANT PERMISSION TO TRANSPORT CHILD

I do not give Holy Trinity Orthodox Christian Academy permission to transport my child, _____ for emergency medical or dental care. In the event of illness or injury which requires emergency medical or dental care, I wish the following action be taken: _____

Parent / Guardian Signature: _____ Date: _____



Student _____

School Year _____

EMERGENCY CARD (PLEASE PRINT)

Student: _____ Birthday: _____
Student: _____ Birthday: _____
Student: _____ Birthday: _____
Student: _____ Birthday: _____

Address: _____ Home Phone: _____
City/State/Zip: _____

Parent/Guardian: _____
Daytime Phone: _____ Cell Phone: _____

Parent/Guardian: _____
Daytime Phone: _____ Cell Phone: _____

1st Emergency Contact: _____
Daytime Phone: _____ Cell Phone: _____

2nd Emergency Contact: _____
Daytime Phone: _____ Cell Phone: _____

Applicable medical information (*include the child's name if more than one child on the list*)

Comments: _____

STUDENT RELEASE FORM (PLEASE PRINT)

Please list all individuals permitted to pick-up your child from school. Please let friends and relatives know we will check for identification.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

PRESCHOOL REGISTRATION FORM – Agreements and Permissions

Please sign each section

Field Trips: My child (named below) has my permission to participate in any field trips made in conjunction with the school’s program. This includes transportation of the student. Parents will be advised of such trips as they are planned. Modest fees may apply.

Signature: _____ **Date:** _____

Field Trip Child Restraint Statement

Ohio’s Child passenger safety law requires:

- Every child under 8 years old must ride in a booster seat or other appropriate child safety seat unless the child is 4’ 9” or taller.
- Every child from 8-15 years old who is not secured in a car seat must be secured in the vehicle’s seat belt.

To be sure we are in compliance with the law, we are asking parents to weight their children and fill in the appropriate spaces on this form.

My child: _____ *is* _____ *years old,*

And weighs: _____ *pounds, as of this date:* _____.

Therefore (checkmark one):

_____ My child must ride in a booster seat or other appropriate child safety seat.

_____ My child is 8 or is taller than 4’ 9” and must be secured in a seat belt

I am providing information that is correct as of the date shown above. If any of this information changes during the school year I may request a new form to update the school file.

Signature: _____ **Date:** _____

PRESCHOOL REGISTRATION FORM – Agreements and Permissions

Parental Permission for Release and Publication of Student Photograph/Image

Dear Parent/Guardian:

It is our practice to seek parental permission before including your child’s photograph, videotape or otherwise record your child and his/her schoolwork on the School Web page or in any internal or external publications; or to release these images to the media in furtherance of the Board of Education Policy to encourage positive portrayals of the School in the media, through other educational institutions or distributed through a cable television station or network. In order to release or include your child’s photograph in School or media projects, we must have your consent. Please review the information below. **If you do not grant permission for any of the areas listed, please check the appropriate line(s), sign and return to school. Otherwise, your consent is given.**

CHECK EACH SECTION BELOW, SIGN AND RETURN TO SCHOOL

Holy Trinity Orthodox Christian Academy, Inc. has my permission to publish a photograph/video of my child for the following:

Internal Building Use (check box below):

Student images/videos may be taken for internal use such as student recognition bulletin boards, school newspapers and newsletter, classroom projects, etc.

I grant permission to use my child photograph as described above.

I **DO NOT** grant permission to use my child’s picture as described above.

External Use (check box below):

Student images may be used for external publications such as press releases, billboards, print ads, and/or other School publications related to my child’s participation in school related and/or extra-curricular activities.

I grant permission to use my child photograph as described above.

I **DO NOT** grant permission to use my child’s picture as described above.

Internet/Online Use (check box below):

Student images/videos may be used for district/building/teacher web sites with the understanding that the child’s full name will not be published on the Internet when a photograph is posted. Last names of students **will not** be used on **web page projects**.

I grant permission to use my child photograph as described above.

I **DO NOT** grant permission to use my child’s picture as described above.

Signature: _____ **Date:** _____

Child’s Name: _____ **Grade:** _____

PRESCHOOL REGISTRATION FORM – Agreements and Permissions

Book Agreement

We understand that we are responsible for any lost or damaged schoolbooks. (i.e. Text books, classroom books, library books). We are aware that there will be a charge for replacement of a book that is damaged or lost. We agree to pay book fees should this occur.

Signature: _____ Date: _____

Student Handbook Agreement

Please sign to acknowledge you have read, understand, and agree to the terms written in the student handbook.

Signature: _____ Date: _____

Annual Class Roster Agreement

The Class Roster is helpful for students to know first names and such for days like St. Valentine’s Day and Birthdays. It will include parent/guardian names, home address, email and phone number, unless specifically requested otherwise, and used only for this purpose.

Would you consent to being on the Class Roster? YES / NO

Signature: _____ Date: _____

PRESCHOOL REGISTRATION FORM – Questionnaire/Statistics

Ohio Department of Education Statistics Collection for the 20____ - 20____ School Year

The information you provide on this form is used solely for our Non-public Charter school report we are required to file with the Ohio Department of Education each October, and for notifying your Public School District of your child’s attendance at Holy Trinity Orthodox Christian Academy. None of this information is used as a basis for admissions.

| | |
|-------------------------------|--|
| Child’s Full Name | |
| Birth Date | |
| Social Security No. | |
| Current Grade | |
| Public School District * | |
| Public School/Building Name * | |
| Race | <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African <input type="checkbox"/> Eskimo/Aleut <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Multi-cultural |

Signature: _____ **Date:** _____

* You must provide the name of the Public School District in which you reside, whether or not your child has ever attended a school in that district or not. If you know it, please also provide the Name of the specific school/building where your child would attend within that district if he or she was enrolled this year.

RACIAL NONDISCRIMINATORY POLICIES * (3301-39-04 SEC. A [3] [5] AND SEC. B[1])

The governing board of the Holy Trinity Orthodox Christian Academy, Inc., located at 175 Laird Ave NE in Warren, Ohio has adopted the following racial nondiscriminatory policies:

Holy Trinity Orthodox Christian Academy, Inc. will not discriminate on the basis of race, color, biological sex, or ethnic origin.

PRESCHOOL REGISTRATION FORM – Questionnaire/Statistics

Family Questionnaire

1. In which ways would you be willing to volunteer?

___ Teaching ___ Art ___ Fundraising ___ Secretarial ___ Classroom aide
___ Cleanup and maintenance ___ Other: _____

2. Do you support the following aspects of the curriculum and school policies?

Please check: Y=Yes N=No Q=Qualified Answer

Discipline Policy Y ___ N ___ Q ___
Classroom Philosophy Y ___ N ___ Q ___
Grievance Policy Y ___ N ___ Q ___

3. To the best of your knowledge, does your child have any language problems or learning disabilities?

4. Does your child have any emotional disturbances or behavioral problems? _____

5. Does your child have any physical handicaps? _____

6. Are there any other problems or situations that we need to be aware of? _____

7. Are there any recent major changes in your family such as divorce, death, new baby, illness, etc.?

8. How do you reward your child for good behavior? _____

9. Does your child like to talk? _____

10. Is your child: Shy? _____ Outgoing? _____ Average? _____