

**Child Profile**

Check  beside the class in which your child is enrolled: School Year: \_\_\_\_\_

3-Day Three Year Old 3K \_\_\_\_\_ 5-Day Three Year Old 3K \_\_\_\_\_ 5-Day Four-Year-Old 4K \_\_\_\_\_

Child: \_\_\_\_\_ Name Called: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
First Middle Last  
month/day/year

Father/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Siblings and birthdates: \_\_\_\_\_  
\_\_\_\_\_

Important medical information for staff to know: (allergies, speech impairment, eye weakness, hearing or physical limitations, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever attended childcare, nursery, or preschool? \_\_\_\_\_ How long: \_\_\_\_\_  
Name of school or type of childcare situation: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Are any languages other than English spoken at home? \_\_\_\_\_ Language(s): \_\_\_\_\_

Places the child has lived to date: \_\_\_\_\_

What is the most important thing for us to know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Enrollment Agreement:***

I agree that by enrolling my child in the Holy Trinity Episcopal Day School program, I will be responsible for paying the Annual Tuition Amount, any late fees incurred, and any Extended Care fees, if used (August-May). I understand that Tuition, late fees and Extended Care fees are non-refundable/non-transferable. Tuition is based on the program I have chosen for my child and is divided into convenient monthly payments; tuition can be paid in full or in the prorated monthly payments due by the 15<sup>th</sup> of each month, as described in the Enrollment Contract. I agree that it is my responsibility to inform the Director 30 days prior to withdrawal if I am unable to keep this commitment for the entire length of the school year, and that notification less than 30 days in advance will require full payment of the following month's tuition fee and scheduled extended care fees. I understand that Holy Trinity Episcopal Day School accepts my child as being in normal good health. I will provide an up-to-date copy of my his/her South Carolina Certificate of Immunization or an exemption on the appropriate DHEC form before my child attends his/her first day of school. I attest that my child is toilet trained and will not need to wear a diaper or pull-up to school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_