

HOLY TRINITY ACADEMY
 1973 East Maryland Avenue Phoenix, Arizona 85016
2016-2017

PLEASE COMPLETE ALL ITEMS ON THIS FORM AND RETURN IT WITH THE NON-REFUNDABLE REGISTRATION FEE. THE REGISTRATION FEE IS \$100.00 IF RECEIVED ON OR BEFORE JANUARY 15, 2016, OR \$150.00 IF RECEIVED AFTER JANUARY 15, 2016.

Child Information:

Name _____
 Last First Middle Name child is called

Address _____ City _____ ZIP _____

Phone Number (____) _____ Date of Birth _____ Sex: Male ___ Female ___

Check the program in which you wish to enroll your child:

___ PreK-3 (3-Day M, W, F; 8:30am-12:00pm) ___ PreK-3 (5-Day 8:30-12:00pm) ___ PreK-4 (4-Day M-TH; 8:30am-1:00pm)
 ___ PreK-4 (5-Day; 8:30am-1:00pm) ___ Kindergarten (5-Day 8:30am-2:00pm)

Do you plan to enroll your child in HTA's Before-Care and After-Care Programs?

___ Before-Care (M-F, 7:30am-8:20am) ___ After-Care (M-F, 12:00pm-5:30pm) ___ Lunch Hour (M-F, 12:00pm-1pm/PK-3 only)

Parent Information:

Father's Name _____	Mother's Name _____
Home Address _____	Home Address _____
Home Phone _____	Home Phone _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Email Address _____	Email Address _____
Add this Email to HTA's Email List? ___ Y ___ N	Add this Email to HTA's Email List? ___ Y ___ N

Parents' Marital Status (Check all that apply.):

___ Married ___ Separated ___ Divorced ___ Never Married

___ Father deceased ___ Mother deceased

___ Father remarried ___ Mother remarried

___ Father is sole legal guardian ___ Mother is sole legal guardian

(If one parent is the sole legal guardian or if someone other than the parent is the legal guardian, we are required to have documented evidence on file at the time of registration in order to control the release of children to approved persons only.)

With whom does the child live? Mother ___ Father ___ Other _____

Other children in family:

Name	Age	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child's previous school experience _____
 Please list anything you feel would be helpful concerning your child. _____

Church affiliation _____ **Is child baptized Orthodox?** _____
If yes. Bantismal Name _____ **Name Day** _____