

**HOLY TRINITY ACADEMY**  
 1973 East Maryland Avenue Phoenix, Arizona 85016  
**2017-2018**

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, 2017, OR \$150.00 IF RECEIVED AFTER JANUARY 15, 2017.

**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, Baptismal Name** \_\_\_\_\_ **Name Day** \_\_\_\_\_