

**Child Profile**

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

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

Child: \_\_\_\_\_ Name Called: \_\_\_\_\_  
First Middle Last  
 Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
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, preschool or Kindergarten? \_\_\_\_\_ 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: \_\_\_\_\_

Briefly describe your child’s sleep habits, including amount of sleep required: \_\_\_\_\_  
 \_\_\_\_\_

If your child is enrolled in a two year old class, please explain where he/she is in the potty training process:  
 \_\_\_\_\_  
 \_\_\_\_\_

Child’s interests and favorite activities: \_\_\_\_\_  
 \_\_\_\_\_

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. 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. If my child is attending a 3K or 4K class, I attest that my child is toilet trained and will not need to wear a diaper or pull-up to school.

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