

MISSION STATEMENT

HOLY TRINITY IS COMMITTED TO COMMUNICATING
GOSPEL VALUES, PROVIDING A QUALITY ACADEMIC
PROGRAM AND DEVELOPING A FAITH COMMUNITY
THAT ENCOURAGES RESPECT FOR SELF, OTHERS, AND
THE GLOBAL COMMUNITY.



HOLY TRINITY SCHOOL PRE-SCHOOL APPLICATION FOR ADMISSION

11 N. Whittlesey Ave.

Wallingford, CT 06492

(203)269-4476

www.hts-wallingford.org

CHILD

Child's Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____ Male Female

Place of Birth: _____ Social Security No.: _____

Is the child adopted? _____ Does the child know? _____ Is the child a foster child? _____ Does the child know? _____

Child lives with: Both Parents Mother Father Stepparent Guardian (*relationship*) _____

Mother's Maiden Name: _____ Marital status: Married Single Divorced Widowed

CHILD DEVELOPMENT PROFILE

List several adjectives that best describe your child: _____

Child gets along with other children: Well Fairly Well Fair Poorly

Briefly explain how your child behaves during group play: _____

Is he/she able to play independently? Yes No

Child's attention span is: Short Adequate Does your child display confidence: Yes No

Does your child wear glasses? Yes No Is your child right or left handed? _____

Is another language spoken at home? Yes No Which language? _____

Please describe your child's speech and language development: _____

Does your child have any speech difficulties? Yes No If yes, please elaborate: _____

At what age did was your child fully potty trained? _____

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What responsibilities or independent activities does your child perform regularly: _____

Please list any developmental concerns you have as a parent: _____

Briefly tell us about your child – his/her likes, dislikes, fears, etc.: _____

Why do you feel our school will be the right fit for your child? _____

RELIGIOUS BACKGROUND

Child's Religion: _____

Child's Parish: _____ City/State: _____

Mother's Religion: _____ Father's Religion: _____

BAPTISM: Date: _____ Church: _____

City/State: _____ Verified by: _____

ENROLLMENT OPTIONS

Pre-K 3 Class (*child MUST be 3 before September 1*):

MWF – ½ Day MWF – Full Day M-F – ½ Day M-F – Full Day

Pre-K 4 Class (*child MUST be 4 before September 1*):

M-F – ½ Day M-F – Full Day

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PARENTS

MOTHER

FATHER

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Email address: _____

Email address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Place of Employment: _____

Place of Employment: _____

Occupation: _____

Occupation: _____

Regular Work Hours: _____

Regular Work Hours: _____

STEPPARENT

GUARDIAN

Stepparent's Name: _____

Name (*relationship*): _____

Address: _____

Address: _____

Email address: _____

Email address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Place of Employment: _____

Place of Employment: _____

Occupation: _____

Occupation: _____

Regular Work Hours: _____

Regular Work Hours: _____

OFFICE USE ONLY

Date Received _____ Application Fee _____ Registration Deposit _____