



Holy Trinity School
245 Main Street
West Harwich, Massachusetts 02671
Tel. 508-432-8216

Pre-Kindergarten

Dear Parents and Guardians:

In the long tradition of high quality education provided in an environment imbued with Catholic values, Holy Trinity School strives to give young children a firm foundation during their preschool years. Here we believe that every child no matter their race or creed is created in the image and likeness of God and so is to be treated with the greatest care and accorded the dignity and respect that is their birthright. Holy Trinity School has earned the reputation for being a little school with a big heart because it is a school with a nurturing and homelike atmosphere in which the students feel safe, happy and are enthused to learn; we expect that your child will feel the same.

We thank you for considering Holy Trinity School as the right start to your child's educational career and hope that the attached information will assist you in making the decision to enroll your child in our school.

Sincerely yours,

*The Directors, Faculty and Staff
of Holy Trinity School*

GENERAL INFORMATION

ENROLLMENT:

- **PRE-KINDERGARTEN:** Holy Trinity School accepts for enrollment in its Pre-Kindergarten program those children who are 2.9 years of age as of September, who are toilet trained and show readiness to enter a structured preschool program.

MEDICAL CLEARANCE: A doctor's certificate and proof of inoculations and vaccinations must be provided to the school at the time of enrollment. Activity restrictions and allergies must also be provided in written detail.

PROGRAM OPTIONS: 2, 3, and 5, half (8:30 -12:30) or full day (8:30-2:30) options are available for the Pre-Kindergarten Program.

TUITION: Tuition varies according to the options preferred for the PreK Program ranging from \$2800 per year for 2 half days per week to \$4800 for 5 full days per week. The School year coincides with that of the Diocesan Catholic Schools beginning on the Wednesday after Labor Day and concluding in mid to late June. A 10% deposit of total tuition is required at the time of registration and the remainder may be paid in 10 equal monthly payments due on or before the 15th of each month beginning in August. Those whose tuition payments have been made fully and promptly may opt to skip a payment in December and conclude payments in June.

BEFORE/AFTER SCHOOL CARE PROGRAM: Child Care is available from 7:30 – 8:30 AM and from 2:30 – 5:30 PM each day that School is in session – the cost is \$7 per hour.

UNIFORMS: Students at Holy Trinity School wear uniforms so that all children are equal in appearance and they learn that the manner in which we dress for an activity reflects our respect for it. Through the use of uniforms awareness can be cultivated from an early age that education is an activity that is to be approached with a level of seriousness and a great degree of respect.

The Holy Trinity School uniform requires children to be attired in dark/navy blue chino shorts or chino pants or sweatpants (girls may wear navy culottes or skirts) with yellow golf shirts (collar required). The school has a supply of yellow golf shirts with the school logo affixed.

SUPPLIES: Each child below the age of 5 will require a small sleeping bag and pillow for appropriate rest times and all families should provide one complete change of clothing in the event that spills, tears, or toilet accidents necessitate such a change during school hours. Students remaining beyond 12:30 PM should bring a lunch to school each day, other snacks and drinks will be provided.

For further information please contact us!



Pre-Kindergarten

School Year (enter year): _____
Program Preference and Tuition Form

Parent/Guardian Name: _____

Address: _____

Telephone: _____

Student's Name: _____

Pre-Kindergarten (2.9+ years of age)

- 2 days per week 8:30 – 12:30 Tuition: \$2800
- 2 days per week 8:30 – 2:30 Tuition: \$3300
- 3 days per week 8:30 – 12:30 Tuition: \$3300
- 3 days per week 8:30 – 2:30 Tuition: \$3800
- 5 days per week 8:30 – 12:30 Tuition: \$4300
- 5 days per week 8:30 – 2:30 Tuition: \$4800

Before and After School Care

- 7:30 – 8:30AM \$7 per hour/\$3.50 per half-hour/\$1.75 per quarter-hour
- 2:30 – 5:30PM “ “

If pick-up is delayed more than 10 minutes, an additional charge of \$1.75 will be assessed for each quarter-hour or part thereof, thereafter; after 5:30PM, the fee will be \$5.00.



School Year (enter year): _____

TUITION PAYMENT AGREEMENT FORM

Student's Name

In accordance with the program option selected for my child, I agree to pay the following to Holy Trinity School:

Total annual tuition: \$ _____
Less 10% deposit of: \$ _____
Balance due: \$ _____
Monthly Payment: \$ _____

- 8/15
- 9/15
- 10/15
- 11/15
- (12/15)*
- 1/15
- 2/15
- 3/15
- 4/15
- 5/15
- (6/15)*

*(Those whose tuition payments are up to date may opt to omit the payment in December and continue payment through June.)

My child will require (before) (after) school care which I agree to pay at the rate of \$7 per hour, \$3.50 per half hour, or \$1.75 per quarter hour.

Signature Parent/guardian

Printed Name

Date



245 Main St. - Rte.28
 W. Harwich, MA 02671
 508-432-8216
 FAX 508-432-9349

Program: (please check)

- PreK Tue/Thu 8:30 -12:30
- PreK Tue/Thu 8:30 - 2:30
- PreK Mon/Wed/Fri 8:30 -12:30
- PreK Mon/Wed/Fri 8:30 - 2:30
- PreK Mon - Fri 8:30 -12:30
- PreK Mon - Fri 8:30 - 2:30

- Extended Care **AM**
- Extended Care **PM**

School Year (enter year): _____
PRE-KINDERGARTEN APPLICATION

Child's Name: _____

Sex: _____

Street Address: _____

Date of Birth: _____

City/Town/State/Zip _____

Physician's Name: _____

Telephone _____

Physician's Telephone _____

Allergies/Special diets: _____

Chronic health conditions: _____

Special limitations or concerns: _____

Previous Pre-School or Day Care: _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____

Father's Name _____

Guardian's Name: _____

Guardian's Name _____

Street Address: _____

Street Address: _____

City/Town/State/Zip _____

City/Town/State/Zip _____

Home Telephone: _____

Home Telephone: _____

Work Telephone: _____

Work Telephone: _____

Cell Telephone: _____

Cell Telephone: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Place of Employment: _____

Place of Employment: _____

Religion/Parish: _____

Religion/Parish: _____

Parent/Guardian Signature _____

Date _____

Enclosed:

- 10% Deposit (5% refundable)
- Copy of current immunization record/medical form
- Program Selection and Tuition Agreement
- Certified Birth Certificate