



Office Use Only: Date Received _____
 _____ Complete Registration form
 _____ Registration Fee \$ _____
 Check # _____ Cash \$ _____

2012-2013 Registration Application

Please complete both pages of this form.

 Child's First and Last Name (Use preferred name)

 (M/F) Birthday

 Age as of 9/1/12

 Street Address

 City, State & Zip

 Primary Phone

 Alternate Phone/Mother Cell

 Father's Cell

 Father's Name

 Mother's Name

 Primary email

Family Status: Married Divorced Other Child Lives with: Mother Father Both Other
 Is your family an active member of St Thomas the Apostle? Yes No

Class Selection

(Class eligibility is based on age of child on 9/1/12)

School Hours: 9:00 – 1:00

Registration Fee: Due at the time of registration as follows:

St. Thomas the Apostle Parishioners \$110/child or 200/family

Non-Parishioners \$125/child

			<u>Tuition/Month</u>	<u>Resource Fee</u>
_____	2 yr old	2 day-Tuesday/Thursday	\$190/month	\$80.00
_____	2 yr old	3 day-Monday/Wednesday/Friday	\$215/month	\$80.00
_____	3 yr. old	2 day-Tuesday/Thursday	\$190/month	\$90.00
_____	3 yr. old	3 day-Monday/Wednesday/Friday	\$220/month	\$90.00
_____	3 yr. old	4 day-Monday-Thursday	\$250/month	\$90.00
_____	4 yr. old	4 day-Monday-Thursday	\$250/month	\$100.00
_____	4/5 yr. old	5 day-Monday-Friday	\$280/month	\$100.00

Registration Fees, Resource Fees and Tuition Payments are Non-Refundable

St. Thomas the Apostle Preschool welcomes all children regardless of their national origin, race or religion.

Additional Contact Information: Please provide the name(s) and contact phone number(s) of a relative and/or friend who we may call and who will assume temporary care of your child in the event that the parents listed above cannot be reached.

1. _____
 Name Primary Phone Secondary Phone

2. _____
 Name Primary Phone Secondary Phone

Please also provide below if there are any individuals NOT AUTHORIZED to pick your child up from school.

1. _____ 2. _____
 Name Name

Form continues on back

Medical/Emergency Information: Please complete the following information in case of an emergency while your child is at school.

Primary Care Pediatrician (Dr or Group)

Phone # of Primary Care Pediatrician

Insurance Carrier

Insurance Policy # & Group #

Has your child had any of the following diseases? Circle the appropriate choice. If yes, please indicate when.

Chicken Pox _____ Yes / No

Measles (German) _____ Yes / No

Measles (red) _____ Yes / No

Mumps _____ Yes / No

Does your child have any chronic or recurrent illnesses? (for example, Asthma) Yes / No If yes, please explain:

If your child requires regular medication for any of the above conditions, please contact the Preschool Director.

Does your child have any physical characteristics we need to know about? (Birthmarks, scars, Mongolian spots, etc) Yes / No
If yes, please explain:

Does your child have any physical limitations we need to know about? Yes / No If yes, please explain:

Does your child have any dietary limitations we need to know about? (other than allergies, for example Lactose Intolerance or Diabetes) Yes / No If yes, please explain:

If your child requires regular medication for any of the above conditions, please contact the Preschool Director.

Does your child have any allergies? Yes / No If yes, please explain:

If your child has an allergy, please request a copy of our Allergy Action Plan form for you and your child's pediatrician complete.

Please list any additional comments you think would be useful for us to know about your child:

Please read AND INITIAL each section of this form if you agree; if you DISAGREE WRITE "NO"

_____ **Directory Agreement:** I give permission for our basic contact information (name, child's birthday, address, primary telephone number and email) to be printed in my child's Class Directory. Information goes only to the immediate class for parents' use.

_____ **Publicity Agreement:** I give my permission for my child to be photographed or videotaped by St. Thomas the Apostle Catholic Church and Preschool/Archdiocese of Atlanta for activities essential to the preschool program. I also give permission for photographs to be posted on the St. Thomas the Apostle Catholic Church website, the STTA Parent Council Website and in STTA church documents like bulletins and directories. I release and relieve St. Thomas the Apostle Catholic Church from any responsibility or liability for any claims arising from the publication or reproduction of any photographs of the above mentioned child. I also understand that photography is being done with the knowledge and approval of St. Thomas the Apostle Catholic Church and that this signed release form is on file at St. Thomas the Apostle Preschool.

_____ **Tuition Agreement:** First of nine tuition payments and resource fee will be due May 1, 2012 for all classes. This payment will be applied to May 2013 tuition. The remaining tuition payments will be due on the first of the month September 2012 through April 2013. **Tuition payments are non-refundable.**

_____ **Licensure:** I understand that St Thomas the Apostle Preschool is an "Exempt from State Licensing" program and is under the supervision of the Archdiocese of Atlanta Office of Catholic Schools. (Please see the Parent Handbook for more information)

_____ **Medical Emergency:** In the event that the parents listed above cannot be reached, I give permission for a Preschool representative to transport my child to the nearest hospital. Further, I authorize emergency treatment and will assume full responsibility for all the charges related to above.

_____ **Copy of Child's Birth Certificate Required:** I agree that I will furnish a copy of my child's official State Birth Certificate at the time of registration. (We will maintain copies from year to year; for children currently enrolled we will verify you have the appropriate copy on file.)

_____ **Copy of Child's Immunization Record:** I agree that I will furnish a copy of my child's Immunization Form (GA form 3231) within two weeks of the start of school. The Health Department requires that we have immunization records on file and that they be current. You must obtain a copy of the Georgia State Form 3231 from your child's pediatrician or the Health Department. Copies of your child's immunization booklet are not acceptable. We can only accept the State of Georgia 3231 form as a valid record. (We will maintain copies from year to year, for current students, we will request a new copy as your current one expires.)

Please sign and date below that you have verified all the information contained on this 2 page Student Information Form and that you deem it to be current and accurate:

Parent Signature: _____ Date: _____