



4300 King Springs Rd. SE
Smyrna, GA 30082
770-432-8579 ext. 125

2015-2016 Registration Form

Office Use Only: Date Received _____

_____ Complete Registration form

_____ Registration Fee \$ _____

Check # _____ Cash \$ _____

Please complete your child's information below.

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

(M/F) Birthday

Age as of 9/1/15

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 9/1/15)

School Hours: 9:00 – 1:00

Registration Fee: St. Thomas the Apostle Active Parishioners \$125/child or 200/Family
Non-Parishioners \$175/child

			<u>Tuition</u>	<u>Enrichment/ Resource Fee</u>
_____	2 yr old	2 day-Tuesday/Thursday	\$230/month	\$95/year
_____	2 yr old	3 day-Monday/Wednesday/Friday	\$250/month	\$95/year
_____	3 yr. old	3 day-Monday/Wednesday/Friday	\$250/month	\$110/year
_____	3 yr. old	4 day-Monday-Thursday	\$290/month	\$110/year
_____	3 yr. old	4 day-Tuesday-Friday	\$290/month	\$110/year
_____	4 yr. old	4 day-Monday-Thursday	\$290/month	\$140/year
_____	4 yr. old	5 day-Monday-Friday	\$315/month	\$140/year
_____	5 yr. old	5 day-Monday-Friday	\$315/month	\$140/year

(Children must be 5 by November 30, 2015 to enroll in this class)

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. _____
Name

2. _____
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 #

Is your child fully potty trained? (children must be fully potty trained to attend 3's, 4's and 5 programs) 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 each of the following notes about Preschool and our Policies:

Tuition Agreement: First of nine tuition payments and enrichment/supply fee will be due May 7, 2015 for all classes. The first tuition payment will be applied to May 2016 tuition. All payments are non-refundable.

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) at the time of registration. 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.)

Licensure: I understand that St. Thomas the Apostle Preschool is under the supervision of the Archdiocese of Atlanta Office of Catholic Schools and thus exempt from the state's "Bright from the Star" licensing program. (Please see the Parent Handbook for more information).

I deem that all information provided on this form is correct and current. I have read and understand the information provided in the policies listed above.

Parent Signature: _____ Date: _____