



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

# 2018-2019 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 9/1/18 \_\_\_\_\_

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 9/1/18)

**School Hours: 9:00 – 1:00**

Registration Fee: St. Thomas the Apostle Active Parishioners \$125/child or \$200/Family  
 Non-Parishioners \$175/child or \$250/Family

		Tuition	Enrichment/ Resource Fee
_____ Young 2s	2 day- Tuesday/Thursday	\$245/month	\$100/year
<b>(Must be 18 months and walking by July 1, 2018)</b>			
_____ 2 yr old	3 day-Monday/Wednesday/Friday	\$265/month	\$100/year
_____ 3 yr. old	2 day-Tuesday/Thursday	\$245/month	\$115/year
_____ 3 yr. old	3 day-Monday/Wednesday/Friday	\$265/month	\$115/year
_____ 3 yr. old	4 day-Monday-Thursday	\$290/month	\$115/year
_____ 4 yr. old	4 day-Monday-Thursday	\$290/month	\$140/year
_____ 4 yr. old	5 day-Monday-Friday	\$325/month	\$140/year
<b>(Admission to the 5 day program will be based on length of time enrolled at St. Thomas the Apostle Preschool and age of child)</b>			
_____ 5 yr. old	5 day-Monday-Friday	\$325/month	\$140/year
<b>(A minimum of 8 children are required to offer this class)</b>			

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

Office Use Only: (Confirmed class for 2018-2019)

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 Relationship

2. \_\_\_\_\_  
 Name Primary Phone Relationship

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

1. \_\_\_\_\_ Name

2. \_\_\_\_\_ Name

**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? Yes/No (Children attending 3, 4 and 5 yr old classes must be potty trained)  
\_\_\_\_\_

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 1, 2018 for all classes. The first tuition payment will be applied to August'18/ May'19 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 an up to date 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 operates under the supervision of the Archdiocese of Atlanta, Office of Catholic Schools. The Office of Catholic Schools ensures that this program follows the prescribed guidelines for parish early childhood programs and the preschool receives two Quality Assurance visits each year. This preschool holds a Certificate of Exemption from licensure from the State of Georgia (Bright from the Start). Parish preschools in good standing receive an Archdiocesan Charter and are eligible to renew their charter every 5 years.

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: \_\_\_\_\_