

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

## 2016-2017 Registration Form

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

Cinide Sinus and Lass Name (the preferred name)   (Mis)   Birthoday   Age os of 911116	Please complete your	child's information belov	v.					
Primary Phone   Mother's Name   Mother's Name   Primary email	Child's First and Last Name	e (Use preferred name)		(M)	F) Birthday	Age as o	of 9/1/16	
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 9/11/16)  School Hours: 9:00 – 1:00  Registration Fee: St. Thomas the Apostle Active Parishioners \$125/child or 200/Family Non-Parishioners \$175/child  18-24 Months 2 day-Monday/Wednesday \$190/month \$50/year   2 yr old 2 day-Tuesday/Thursday \$245/month \$100/year   2 yr old 3 day-Monday/Wednesday/Friday \$260/month \$100/year   3 yr. old 4 day-Monday-Thursday \$290/month \$115/year   3 yr. old 4 day-Monday-Thursday \$290/month \$115/year   4 yr. old 4 day-Monday-Friday \$290/month \$115/year   4 yr. old 4 day-Monday-Friday \$290/month \$115/year   4 yr. old 5 day-Monday-Friday \$320/month \$140/year   5 yr. old 5 day-Monday-Friday \$320/month \$140/year   4 yr. old 5 day-Monda	Street Address			City,	State & Zip			
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 9/11/6)    Class Selection (Class eligibility is based on age of child on 9/11/6)    Registration Fee: St. Thomas the Apostle Active Parishioners \$125/child or 200/Family Non-Parishioners \$175/child   Registration Fee: St. Thomas the Apostle Active Parishioners \$125/child or 200/Family Non-Parishioners \$175/child   Parishioners \$125/child or 200/Family Non-Parishioners \$100/year   Parishioners \$175/child   Parishioners \$125/child or 200/Family Non-Parishioners \$100/year   Parishioners \$100/year   Parishioners \$100/year   Parishioners \$100/year   Parishioners \$125/child or 200/Family \$125/child or 200/Family \$150/year   Parishioners \$125/child or 200/Family \$125/child or 200/Family \$115/year   Parishioners \$125/child or 200/Family \$125/child or	Primary Phone	Alternate	Phone/Mother Cell	Fath	er's Cell			
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2	4							
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Name  Primary Phone  Secondary Phone  Please also provide below if there are any individuals NOT AUTHORIZED to pick your child up from school.  1	Hume	Tilliaiy	THORE	36	conduty i none			
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							
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Name Name	Please also provide	e below if there are an	y individuals NO	T AUTHORIZE	D to pick yo	our child up f	rom scho	ol.
Name Name	1			2				
Form continues on back	Name		•	Name				
	Form continue	s on back						

Page 2 of 2 – Child Information Fo	orm Child's Name:
Medical/Emergency Information: P your child is at school.	Please complete the following information in case of an emergency while
Primary Care Pediatrician (Dr or Group)	Phone # of Primary Care Pediatrician
Insurance Carrier	Insurance Policy # & Group #
Does your child have any chronic or recurre	ent illnesses? (for example, Asthma) Yes / No If yes, please explain:
f your child requires regular medication for any of the above	e conditions, please contact the Preschool Director.
Does your child have any physical characteris If yes, please explain:	stics we need to know about? (Birthmarks, scars, Mongolian spots, etc) Yes / No
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 of Diabetes) Yes / No If yes, please expla	we need to know about? (other than allergies, for example Lactose Intolerance or ain:
If your child requires regular medication for any of the above	e 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 Allei	rgy Action Plan form for you and your child's pediatrician complete.
Please list any additional comments you think	k would be useful for us to know about your child:
Places wood as ab of the following nation	shout Breech and our Polisies
Please read each of the following notes a Tuition Agreement: First of nine tuition	on payments and enrichment/supply fee will be due May 1, 2016 for all classes.
The first tuition payment will b	pe applied to August 16/ May 17 tuition. All payments are non-refundable.
	equired: I agree that I will furnish a copy of my child's official State Birth tration. (We will maintain copies from year to year; for children currently
	re the appropriate copy on file.)
	ord: I agree that I will furnish a copy of my child's Immunization Form (GA form
· · · · · · · · · · · · · · · · · · ·	on. The Health Department requires that we have immunization records on filenmust obtain a copy of the Georgia State Form 3231 from your child's
•	partment. Copies of your child's immunization booklet are not acceptable. W
· · · · · · · · · · · · · · · · · · ·	eorgia 3231 form as a valid record. (We will maintain copies from year to year
	equest a new copy as your current one expires.)  s the Apostle Preschool is under the supervision of the Archdiocese of Atlanta
Licensure. I understand that St. Infolhas	
Office of Catholic Schools and	thus exempt from the state's "Bright from the Star" licensing program. (Pleas

Parent Signature:\_\_\_\_\_\_ Date: \_\_\_\_\_