

SAINT ANDREW PRESCHOOL

APPLICATION 2025-2026



Please complete all fields. Write N/A if not applicable.

Child's Name _____ Preferred Name _____
 First Middle Last

Date of Birth _____ Male _____ Female _____ Child lives with: _____

Address: _____ City _____ Zip _____

Home Phone _____

Mother's Name _____ Father's Name _____

Mother's Place of Employment _____ Father's Place of Employment _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Primary Email _____ Secondary Email _____

Has your child attended preschool before? Where? _____

Names and ages of other children in the family: _____

Is your child receiving services from DeKalb, Fulton, or Cobb, or any private therapist for speech, OT, or behavior?

Yes _____ (if yes, please explain) No _____

The following special accommodations may be required to effectively meet my child's needs while at school. *

* Program may not be able to meet the special needs of every child. The parish program retains the right to refuse admission or disenroll

Are you a REGISTERED Saint Andrew Parishioner? YES or NO (Please circle one)

Are you REGISTERED in another Catholic parish? If yes, please indicate which Parish.

Name of Parish: _____

Are you a family of another faith? Please indicate: _____

Class Selection (Child must be age of class by September 1, 2025)

Indicate choice below

Program Hours Monday to Friday 9:00 AM – 12:00 PM

Monday/Wednesday/Friday	One Year Old	(\$260 monthly)	Supply Fee (\$75) _____
Tuesday/Thursday	Two Year Old	(\$200 monthly)	Supply Fee (\$75) _____
Monday/Wednesday/Friday	Two Year Old	(\$260 monthly)	Supply Fee (\$75) _____
Monday – Friday	Two Year Old	(\$375 monthly)	Supply Fee (\$75) _____
Monday/Wednesday/Friday	Three Year Old	(\$260 monthly)	Supply Fee (\$75) _____
Monday – Friday	Three Year Old	(\$375 monthly)	Supply Fee (\$75) _____
Monday – Friday	Four Year Old	(\$375 monthly)	Supply Fee (\$75) _____

In order- to accept your child's placement in our program, please initial the following, and then sign the reverse side of this form. Return this form with the application fee: \$100 first child and \$75 each additional child

1. _____ I understand the application fee is non-refundable.

PLEASE SEE REVERSE SIDE

SAINT ANDREW PRESCHOOL

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(Continued)

2. If it becomes necessary to withdraw my child from the program, I will give the preschool 30 Day written notice before withdrawing my child.
3. I understand that Georgia Law requires a valid immunization form #3231 on file for my child to attend. We also request a copy of your child's birth certificate.
4. I give permission for our family information (address, phone number, email) to be included in the school online directory.
5. Family Handbook will be available in August. I agree to read the Family Handbook, sign, and return the acknowledgement form the first week of preschool.
6. I give Saint Andrew Preschool permission to take pictures/video of my child for classroom, church web
7. I give permission for my child to use the preschool playground.
8. I authorize the preschool staff to provide basic first aid care should my child suffer an injury or become ill while attending the preschool.
9. I will provide copies of any reports for my child for any special services s/he is receiving for speech, OT, behavioral therapy, Babies Can't Wait, Easter Seals, etc.
10. As a small private preschool, our resources are limited. We do not employ any special education teacher's on staff and cannot make any guarantee about our ability to provide an adequate and appropriate educational setting for a child with special needs. We will make an effort to accommodate a child's special needs, however; when a child's special needs interfere with our ability to provide the program described in our parent handbook, we will attempt to assist the family with locating a suitable alternative program for the child.
11. Saint Andrew Preschool is not required to be licensed from Bright from the Start and we have been granted exemption from licensing. The Saint Andrew Preschool is under the supervision of the Archdiocese of Atlanta Office of Catholic Schools. Saint Andrew Preschool receives at least two quality assurance visits per year and operates under the Guidelines for Parish Early Childhood Programs.

Signature of : _____
Parent/Guardian

Date: _____

For Office Use Only

Registration Fee Check # _____

Class: _____ Date: _____

The following information is confidential and used only by the Preschool Director and Staff.

Nickname

Zip Code

Father's Name

Address if different than child's

Business/Occupation Telephone or cell

First person to contact: Name, telephone, and address

Name of anyone who MAY NOT *pick* your child up from preschool:

INFORMATION AND EMERGENCY FORM

(Continued)

Health: A Georgia State Immunization Form 3231, signed by your child's physician, must be submitted by September 1, 2025.

Does your child have any allergies? Yes _____ No _____

We require a doctor's note for all food allergies, life-threatening and non-life threatening. We ask that medications be administered at home. If necessary to be given at the preschool, you will need to have our Consent for Medication form completed by your physician.

List any medications taken regularly and why:

Please list any known medical conditions (i.e. diabetic, asthmatic, Mongolian spots/birthmarks, etc.)

Pediatrician:

Please read and sign the following medical consent:

Should _____ (child's name) suffer any injury or illness while in the care of Saint St. Andrew Preschool and the preschool is unable to contact me immediately, the preschool shall be authorized to secure medical attention and care for _____ (child's name) as may be necessary. I agree to keep the preschool program informed of changes in telephone and cell number's where I can be reached. The preschool agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Have there been any major changes in the family during the past year? (a new home, death in the family, divorce, job change, etc.)

Parent Signature: _____ Date: _____

SAINT ANDREW PRESCHOOL
PICK-UP AUTHORIZATION
2025-2026

Child's Full Name: _____

Parent's Full Name: _____

Only the people listed below have my permission to pick up my child.

Please update as needed

Name : _____ Relationship: _____ Phone: _____
(Please print)

Name : _____ Relationship: _____ Phone: _____
(Please print)

Name : _____ Relationship: _____ Phone: _____
(Please print)

Parent/Guardian Signature _____ Date: _____

Please print Parent/Guardian Name _____

SAINT ANDREW PRESCHOOL

HANDBOOK AGREEMENT 2025-2026

I have read and fully understand the policies in The Saint Andrew Preschool Handbook. I agree to abide by the policies, rules and regulations therein.

Child's Name: _____

Print Parent's Name: _____

Parent's
Signature: _____

Date: _____

Child's Name: _____

Classroom: _____

TELL US ABOUT YOUR CHILD

Please take a few minutes to tell us anything you would like to share about your child that will help us to get to know him/her better.

Forms to be returned to Preschool

Please complete the attached forms, scan, and return the entire packet to the Preschool office (ngoepfert@standrewcatholic.org) by Friday, August 29th, 2025.

There are 4 forms enclosed in this packet:

- a. Emergency Information
- b. Student Pick-Up Authorization
- c. Handbook Agreement
- d. "Tell Us About Your Child"

Thank you