



Saint Joseph Preschool

87 Lacy Street
Marietta, GA 30060
770-422-5633 Ext.75
proberts@saintjosephcc.org

Office Use Only: Date Received _____	
_____ Registration Form	_____ Emergency Card
_____ Registration Fee	_____ Resource Fee
Check# _____	Cash _____ Amount _____

2018-2019 Registration Form

Please Print

Child's Full Name _____ (check one) Male _____ Female _____

Name Child Is Called _____ Date of Birth _____ - _____ - _____

Address _____ Age (as of Sept. 1, 2018) _____

City _____ Zip _____ County _____ Home Phone _____

(If no land line, then best number to call during school hours.)

Mother's Name _____ Father's Name _____

Place of Employment _____ Place of Employment _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's E-mail _____ Father's E-mail _____

(E-mail addresses used for school communication only.)

Family Status: Married Divorced Other Child Lives with: Mother Father Both Other

If divorced or separated, who has custody? Mother Father Joint Other _____

May non-custodial parent pick up child? Yes _____ No _____ If no, legal documentation is required. Please attach.

<input type="checkbox"/> Returning Student	<input type="checkbox"/> Sibling of Current Student	<input type="checkbox"/> Sibling of Saint Joseph School Student
<input type="checkbox"/> New Student	<input type="checkbox"/> Sibling of Former Student	
Is your child currently attending another preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____		
Are you a member of Saint Joseph Catholic Church <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years? _____		
Are you Catholic, but not a member of Saint Joseph Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please name the parish you currently attend. _____		
Are you Non-Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name the church you currently attend. _____		

Class Selection

Your child's class placement is determined by their age as of September 1, 2018. No exceptions will be made.
Children in the Threes Class & Fours Class must be fully potty-trained and independent in the restroom. No pull-ups allowed.

Please indicate your choice of classes:	Class Times	Monthly Tuition	Resource/Activity Fee	Ratio
<input type="checkbox"/> Twos	Monday/Tuesday 8:30 AM-12:00 PM* <i>*Early pick-up until children get adjusted</i>	\$198 monthly	\$90	9:2
<input type="checkbox"/> Threes	Wednesday/Thursday/Friday 8:30 AM-12:30 PM	\$262 monthly	\$115	10:2
<input type="checkbox"/> Fours	Tuesday (Enrichment Day) 8:30 AM-12:00 PM Wednesday/Thursday/Friday 8:30 AM-12:30 PM	\$295 monthly	\$130	12:2

First tuition payment is due May 1, 2018 Monthly payments from September 2018 – April 2019

Notification must be made by July 1, 2018, if a registered student will not be attending Saint Joseph Preschool in the fall.

If notified after this date, the May 1, 2018, tuition payment becomes non-refundable.

Registration Checklist

The following documents are required for your child to be placed in our preschool program:

- Registration Form (please complete all pages and sign)
- Registration Fee (Non-Refundable): \$125 (\$100 for second child)
- Resource/Activity Fee (Non-Refundable): _____ \$90 for Twos Class _____ \$115 for Threes Class _____ \$130 for Fours Class
- Georgia 3231 Certificate of Immunization (Must be current)
- Copy of your child's Birth Certificate, if new to our preschool. Currently enrolled students already have one on file.

Combined Registration Fee & Resource/Activity Fee are Payable to: Saint Joseph Catholic Church

List child's siblings and ages living at home: _____

Public elementary school zoned to attend: _____

Does your child have any chronic or recurrent illnesses? (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 allergies? (Example: foods, medications, seasonal, etc.) ___ 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 physician to complete.

Does your child have any dietary limitations we need to know about? (Other than allergies: such as Lactose or Gluten Intolerance, Diabetes) ___ Yes ___ No If yes, please explain: _____

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

Please list any medications your child takes on a regular basis: _____

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 special needs? * ___ Yes ___ No If yes, please explain: _____

Has your child ever been tested for a speech, language, learning or behavior difficulty? ___ Yes ___ NO If yes, Please provide a copy of the assessment.

Has your child received any special services from Babies Can't Wait, Cobb County or Marietta Schools, or any private therapist for speech, OT, PT, or behavior therapy. ___ Yes ___ NO If yes, please describe treatment: _____

Please share any additional information that you feel would be helpful for us to know about your child:

* Any reports or information shared will be kept confidential by the preschool.

*As a small, private preschool, our resources are limited. We do not have any special education teachers 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, if we are not able to meet a child's special needs or if the child's special needs are preventing us from providing the program described in our family handbook, it may become necessary for the child's family to find a suitable alternative program for their child.

Saint Joseph Preschool welcomes all children regardless of their race, national origin or religion.

Medical Authorization

Hospital Preference _____

Authorization of emergency medical treatment: In the event I cannot be reached and my child needs emergency treatment, I authorize Saint Joseph Preschool Staff or Emergency Medical Technicians to transport my child, _____, to the nearest appropriate facility. I authorize the physician to administer necessary treatment. I agree to assume all financial responsibility.

Name of Parent / Guardian _____ (please print)

Signature of Parent/Guardian _____ Date _____

Emergency Information

(Please enter the same information on the back of the Emergency Card)

Please list EMERGENCY CONTACTS for us to reach in the event we are unable to locate the parents or guardians. These persons would have your permission to pick up and transport your child from school in the event of illness or other emergency. Staff member may request picture identification before releasing children to these persons.

Name _____ Relationship _____ Phone # H _____ C _____

Name _____ Relationship _____ Phone # H _____ C _____

Name _____ Relationship _____ Phone # H _____ C _____

Required Signatures

I understand that Saint Joseph Preschool is an "Exempt from State Licensing" program and operates under the supervision of the Archdiocese of Atlanta Office of Catholic Schools. The Office of Catholic Schools ensures that our program follows the prescribed Guidelines for Parish Early Childhood Programs and the preschool receives two Quality Assurance visits each year. Saint Joseph 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.

Signature of Parent/Guardian _____ Date _____

I understand that the Registration Fee and Resource/Activity Fee (both non-refundable) are due with this completed form.

Signature of Parent/Guardian _____ Date _____

I understand that the first of 9 equal tuition payments will be due May 1, 2018. The first tuition payment will be applied to September 2018 tuition. The following 8 payments will be due at the beginning of each month ending with the April 2019 payment. There will be a late fee applied if payment is received after the 10th of the month.

Signature of Parent/Guardian _____ Date _____