



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 _____

2020-2021 Registration Form

Please Print

Child's Full Name _____ (check one) Male _____ Female _____
Name Child Is Called _____ Date of Birth _____ - _____ - _____
Address _____ County _____ Age (as of Sept. 1, 2020) _____
City _____ State _____ Zip _____ 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.

☐ Returning Student ☐ Sibling of Current Student ☐ Sibling of Saint Joseph School Student
☐ New Student ☐ Sibling of Former Student
Is your child currently attending another preschool? ☐ Yes ☐ No If yes, where? _____
Are you a member of Saint Joseph Catholic Church ☐ Yes ☐ No If yes, how many years? _____
Are you Catholic, but not a member of Saint Joseph Catholic Church? ☐ Yes ☐ No
If yes, please name the parish you currently attend. _____
Are you Non-Catholic? ☐ Yes ☐ 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, 2020. No exceptions will be made.
Children in the 3's Class & Pre-K 4's 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
<input type="checkbox"/> 2's Monday/Tuesday *Early pick-up until children get adjusted	8:30 AM-12:00 PM*	\$208 monthly	\$95
<input type="checkbox"/> 3's Wednesday/Thursday/Friday	8:30 AM-12:30 PM	\$275 monthly	\$120
<input type="checkbox"/> Pre-K 4's Tuesday/Wednesday/Thursday/Friday	8:30 AM-12:30 PM	\$308 monthly	\$130

First tuition payment is due May 1, 2020 Monthly payments from September 2020 – April 2021
Notification must be made by July 1, 2020, if a registered student will not be attending Saint Joseph Preschool in the fall.
If notified after this date, the May 1, 2020, 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): ☐ \$95 for 2's Class ☐ \$120 for 3's Class ☐ \$130 for Pre-K 4's 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, sex, 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 emergencies. 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 registered with the state of Georgia as 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. 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, 2020. You will be emailed a link to our on-line tuition payment system. The first tuition payment will be applied to September 2020 tuition. The following 8 payments will be due at the beginning of each month ending with the April 2021 payment. There will be a late fee applied if payment is received after the 10th of the month.

Signature of Parent/Guardian _____ Date _____