SAINT JUDE the APOSTLE PRESCHOOL
APPLICATION 2019 - 2020

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 _____

Primary Email _____ Secondary Email _____

Mother's Name _____ Father's Name _____

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

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

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__ No ___
(if yes, please explain) _____

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 Jude 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, 2018)
Indicate choice below
Gradual Entry first two weeks for Toddlers and Two's: 9:00am to 11:00am

Two-day Toddlers *(18 months and walking by 9/1/18)*	Monday and Wednesday	($255monthly)	Supply Fee ($100)	_____
Two day 2's	Wednesday and Friday	($255 monthly)	Supply Fee ($100)	_____
Three day 2's*	Tuesday, Thurs., Friday	($310monthly)	Supply Fee ($100)	_____
Three day 3's*	Monday, Tuesday & Thurs.	($310 monthly)	Supply Fee ($100)	_____
Five day 3's	Monday through Friday	($400 monthly)	Supply Fee ($125)	_____
Pre-K 4 & Y5s	Monday through Friday	($400 monthly)	Supply Fee ($125)	_____

*If you are registering a 2 or 3-yr. old, please indicate your 1st and 2nd choice of days. We will make every attempt to give you what you request, but we *cannot guarantee it*.

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: $125 per child or $200 for families with more than one child enrolled.

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

2.___ I understand that the first of the nine tuition installments is due by *May 1, 2018* in order to assure my child's placement. I understand that tuition installments made are non-refundable.

(See Reverse)

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APPLICATION FORM (Continued)

3.___ I understand that tuition installments will be made through our online payment option found at www.judeatl.com/preschool. Payments are due on the 1st of the month, and a late fee will be assessed if received after the 5th of the month.

4.___ I understand that tuition installment two (2) will begin August 1st and will go through installment nine (9) in March 2019 (non-refundable). The one-time supply fee is due by online payment on Aug. 1.

5. ___ If it becomes necessary to withdraw my child from the program, I will give the preschool written notice 30 days prior to my child's last day.

6.___ I understand that Georgia Law requires a valid immunization form #3231 on file for my child to attend class. We also request a copy of your child's birth certificate.

7.___ I give permission for our family information (address, phone number, email) to be included in the school online directory.

8.___ I understand that our child must be completely potty trained and may not wear pull-ups to class if placed in ANY Three-Year-Old or Pre-K class.

9.___ Family Handbook will be available online in August. I agree to read the Family Handbook, sign, and return the acknowledgement form the first week of preschool.

10.___ I give Saint Jude Preschool permission to take pictures/video of my child for classroom, church website, church bulletin, and/or posting to our secure Shutterfly site.

11.___ I give permission for my child to use the preschool playground and participate in our music program.

12.___ I give permission for my child to attend performances with special guests.

13.___ I authorize the preschool staff to provide basic first aid care should my child suffer an injury or become ill while attending the preschool.

14.___ 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.

15.___ As a small private preschool, our resources are limited. We do not employ 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, 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.

16.___ Exempt from state licensing status. Saint Jude the Apostle Preschool is not required to be licensed from Bright from the Start and we have been granted exemption from licensing. Saint Jude Preschool is under the supervision of the Archdiocese of Atlanta Office of Catholic Schools. Our Preschool receives at least two quality assurance visits per year and operates under the Guidelines for Parish Early Childhood Programs.

Signature of _____ Date_____
Parent/Guardian

Office use only: Class Notification sent _____ Registration Fee Check # _____

Class _____ Date Received _____