



A Ministry of St. James the Apostle Catholic Church

1000 Decatur Road • McDonough, GA 30252 •

Phone: 770-957-5441 x121 • Fax: 770-957-0383

Dear Parents,

It is with great pleasure that we welcome you and your family to our 2021-2022 preschool program. Your child's enrollment packet contains the necessary forms that must be on file in the preschool office. All enrollment forms, registration form and fee must be turned in together. **Your child will not be guaranteed placement if all forms are not complete and turned into the Director.** If you are new to us you will also need to submit a copy of your child's birth certificate and immunization form #3231 to be kept on file. The immunization form can be obtained from your child's pediatrician. If your immunization form has expired you will be notified that you need to get a current form for our files.

At our Preschool Orientation, on August 12th, you will receive the Preschool Handbook. Please take time to read our handbook which can also be found on our website at:

<http://www.stjamesapostle.com/preschool>. Please familiarize yourself with our policies and procedures. You will be asked to sign a "Handbook Acknowledgement Form" indicating that you have read the handbook. Use the checklist below to make certain that you have completed every form and submitted all of the information needed.

We appreciate your attention and promptness in submitting this important information and look forward to an exciting and fun-filled school year!

Once again, welcome!

Patti Lucas

Director 2020/2021

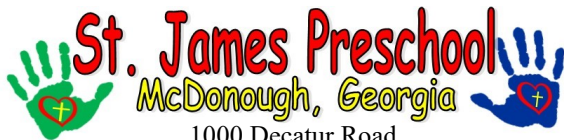
Vickie Spieth

Director 2021/2022

**To be completed by the parents and returned to the Director:**

- A. Registration Form and Registration Fee
- B. Student Information Sheet (please complete both sides)
- C. Emergency Medical Authorization Form
- D. Financial Obligation Agreement
- E. Release Form
- F. Handbook Acknowledgment Form
- G. Media Release Form
- H. Exemption from Licensure Acknowledgment
- I. Copy of Birth Certificate (not the original)
- J. Georgia Form #3231 Immunization Form





1000 Decatur Road  
McDonough, GA 30252  
(770)957-5441 Ext. 121

Office Use Only:

Date Fee Paid \_\_\_\_\_ Amount \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Received By \_\_\_\_\_

Registered in Parish Soft by \_\_\_\_\_ Billing Set Up By \_\_\_\_\_

**2021-2022 REGISTRATION FORM**

Child's Full Name: \_\_\_\_\_ Answers to: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Present age: \_\_\_\_\_ Sex: male/female (circle one)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Family email: \_\_\_\_\_

**Place "X" by**

**Class Preferred:**

ONES\*-(this class is for children ages 12 months - 23months)

\_\_\_\_ 2-day Ones (Tuesdays and Thursdays Only) Tuition \$200 a month-Reg. fee \$200

\*A minimum of 5 children are required in order to offer this class

TWOS-(children must be two by September 1st)

\_\_\_\_ 2-day Twos (Tues/Wed or Thurs) Tuition \$200 a month-Registration fee \$200

\_\_\_\_ 3-day Twos (Tues./Wed./Thurs.) Tuition \$220 a month-Registration fee \$220

THREES-(children must be three by Sept. 1st and completely potty trained)

\_\_\_\_ 3-day Threes (Tues./Wed./Thurs.) Tuition \$220 a month - Registration fee \$220

\_\_\_\_ 4-day Threes (Tues./Wed./Thurs./Fri.) Tuition \$240 a month - Registration fee \$240

\_\_\_\_ 5-day Threes\* (Mon. - Fri.) Tuition \$260 a month - Registration fee \$260

\*A minimum of 8 children are required in order to offer this class

FOURS-(children must be four by Sept. 1st)

\_\_\_\_ 3-day Fours (Tues./Wed./Thurs.) Tuition \$220 a month - Registration fee \$220

\_\_\_\_ 4-day Fours (Tues./Wed./Thurs./Fri.) Tuition \$240 a month - Registration fee \$240

\_\_\_\_ 5-day Fours\* (Mon. - Fri.) Tuition \$260 a month - Registration fee \$260

Office Use:  
Registration/Tuition  
Adjustments:

**Additional Information**

- Registration Fee is due when registering your child.
- Your child's first tuition payment is due **on the first day of school**. All tuition payments are due on the **1st** of the month.
- Classes begin August 16th and end May 12th. Our hours are 9am-1pm
- Your child's placement is determined by their age as of September 1st, 2020.

**PLEASE MAKE CHECKS PAYABLE TO ST. JAMES PRESCHOOL**

***I understand that the registration fee is non-refundable and will not be returned should I decide to withdraw my child from the preschool program.***

\_\_\_\_\_  
Parent Signature

Registration Fee Paid ☐ Registration Form ☐ Birth Certificate ☐ Immunization Form ☐ Student Information Form ☐ Emergency Medical Form ☐ Release Form ☐ Financial Obligation Agreement ☐ Handbook Acknowledgement ☐ Media Release ☐ Exemption Acknowledgement ☐



# St. James Preschool



## A Ministry of St. James the Apostle Catholic Church

1000 Decatur Rd. McDonough, GA 30252 Phone: 770-957-5441 Ext. 121 Fax: 770-957-0383

Dear Parents,

On behalf of the St. James Preschool staff, welcome to our preschool program!

Below is an explanation of our tuition payment schedule:

Tuition is a set fee for the school year and cannot be adjusted for absences, holidays, or unplanned school closures. It is due on the 1<sup>st</sup> day of every month except for August tuition which is due on the first day of school. You are required to sign the Financial Obligation Agreement that is included with your enrollment packet.

**Your first tuition payment for August and your last payment for May will be for “2 weeks”.**

**The following is the amount due for each class:**

**2 Day 2, 3 and 4 year old classes - \$100**

**3 Day 2, 3 and 4 year old classes - \$110**

**4 Day 3 and 4 year old classes - \$120**

**5 Day 3 and 4 year old classes - \$130**

**Tuition Payment Amount for months September – April:**

**2 Day 2, 3 and 4 year old classes - \$200**

**3 Day 2, 3 and 4 year old classes - \$220**

**4 Day 3 and 4 year old classes - \$240**

**5 Day 3 and 4 year old classes - \$260**

You are welcome to pay your tuition in the following ways:

- Cash, Check or Money Order made out to St. James Preschool (with your child's name in the memo)
- Your current bank's "Bill Pay" system
- **This year there will be a change to paying with St. James Online Giving system. Do to the increase in fees charged to our church, there will be a \$5 processing fee added to the total tuition due each month if you wish to continue paying by Online Giving.** . If you choose to use our "Online Giving" system: <https://www.myowngiving.com/Default.aspx?cid=688> please indicate that the payment is for your preschool student and their name is visible in the memo line.



*\*\* Please complete both sides of the form*

Child's Full Name: \_\_\_\_\_ Answers to: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Present Age: \_\_\_\_\_ Sex: Male/ Female (circle one)

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Names of other programs child has attended: \_\_\_\_\_

### **Family Information:**

Our Family attends: (Name of Church): \_\_\_\_\_

Names and Ages of Brothers and Sisters:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's living arrangements: ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Are Parent's divorced? \_\_\_\_\_ Death of which parent? \_\_\_\_\_ When: \_\_\_\_\_

Child's Legal Guardians (If not parents) \_\_\_\_\_

Do Legal Guardians have a Custody Order? \_\_\_\_\_ Can you provide a copy? \_\_\_\_\_

### **Medical History:**

Can you provide an up to date immunization record? \_\_\_\_\_

When was your child's last well check-up? \_\_\_\_\_

Any evidence of hearing loss? \_\_\_\_\_ Vision Difficulties? \_\_\_\_\_

*(continued on next page)*



List any physical or mental handicaps: \_\_\_\_\_

Special health accommodations:

\_\_\_\_\_

**Social and Physical Growth:**

What are some of the ways he/she plays at home? \_\_\_\_\_

\_\_\_\_\_

Favorite Games? \_\_\_\_\_ Favorite Toy(s)

\_\_\_\_\_

How often do you read to your child? \_\_\_\_\_

Methods of discipline used with your child? \_\_\_\_\_

Will your child need a nap? \_\_\_\_\_ When? \_\_\_\_\_ How long? \_\_\_\_\_

Does your child take a bottle? \_\_\_\_\_ Sippy cup? \_\_\_\_\_

Special feeding instructions: \_\_\_\_\_

\_\_\_\_\_

Known food allergies? \_\_\_\_\_

Preferred snack foods? \_\_\_\_\_

In what way do you expect this program to help your child? \_\_\_\_\_

\_\_\_\_\_

**Note: This information is for the teacher's use only; it will be kept in confidence!**



Child's Name: \_\_\_\_\_

**2021-2022**

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

My child has a medical condition and/or allergies that require medication and a physicians attention: (circle one) YES / NO

If YES, please list below all allergies or medical conditions of which we should be aware: (additional forms will be required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications currently being taken by the student:

\_\_\_\_\_

In the event of an emergency, please indicate phone numbers where parents/guardians or relatives can be reached: (**Please provide complete information**)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Emergency Care:**

*In the event of an emergency, I authorize the staff of St. James Preschool to provide any first-aid care deemed necessary for my child. I also, hereby authorize any needed emergency medical care. I further agree to be fully responsible for all expenses incurred during the treatment of my child.*

**The medical facility the preschool will use is: Piedmont Henry Hospital in Stockbridge.**

Medical Insurance Carrier: \_\_\_\_\_

Subscribers Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Child's Name: \_\_\_\_\_

List all persons who have permission to pick up your child, including yourself. Anyone not on this list will not be allowed to pick up your child until verification has been received from you. Please always inform the teacher each day who will be responsible for picking up your child. **(Complete address/phone information is required for ID verification of person picking up your child)**



1. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
2. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
3. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
4. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
5. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

St. James Preschool reserves the right to ask for identification from any of the above listed persons. Children will not be released to anyone whose name is not listed on this form unless we have been notified by you prior to the child being picked up.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Financial Obligation Agreement 2021-2022



- St. James Preschool is a non-profit organization. All tuition and fees that we collect goes to paying our staff wages, operational costs, supplies, books and materials and teacher training. Therefore prompt payment is vital to the ongoing operation of the program.
- Registration fee is due when the child is being registered. This fee cannot be applied to any outstanding tuition balance. Registration fees are non-refundable for any reason.
- Tuition will be paid for on the **first** of every month in the following months: August (2 weeks or half month's tuition), September through April (full month's tuition) and May (2 weeks or half month's tuition).
- Tuition rates are a set fee and cannot be adjusted for absences, holidays and unplanned school closures. Your tuition payment is due by the 1<sup>st</sup> of every month. There is no grace period.
- Should an account fall behind in payment, a late fee of \$15.00 will be charged after the 3rd of the month. After thirty (30) days of delinquency, if no agreement has been made, the parent will be asked to withdraw the child from the preschool program until the account is paid in full.
- If you must un-enroll your child or change his/her scheduled number of days attending, notification must be received by the 15<sup>th</sup> of the month in order to not be responsible for the following month's tuition.
- A \$1.00 per minute late fee will be charged when my child is picked up late. Late fee will be accessed after 1:10pm. This is necessary to remain in compliance with our "Exemption from Licensing" status with the state of Georgia's Department of Early Care and Learning.

By signing below, I accept my family's financial obligations to St. James Preschool and agree to the terms above.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_





## **HANDBOOK ACKNOWLEDGEMENT**

**St. James Preschool**

**2021-2022**

I have received and read completely the St. James Catholic Church Preschool Handbook for the year 2021-2022 and agree to fully cooperate with the policies and guidelines therein.

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent Name \_\_\_\_\_



# Media release form

## 2021-2022



I hereby grant permission for \_\_\_\_\_ to be  
Student's Full Name

photographed or videotaped for activities essential to St. James Preschool program. These activities may include, but are not limited to, such things as church bulletins, Archdiocese Newspapers, videos, class books, bulletin boards, memory books, digital yearbook, newsletters, projects, "password protected" photo-sharing websites, church/preschool website and other social networking platforms including but not limited to Facebook, Twitter, and Instagram. Our preschool follows the Archdiocese of Atlanta's Social Media Policy and Guidelines for the Use of Social Networking Sites with Minors (please visit [archatl.com](http://archatl.com) for more information).

By signing below, you grant permission for St. James the Apostle Catholic Preschool to use images of my child named above for internal or external communications for one year. My child may be photographed and/or interviewed for the Georgia Bulletin, and other media outlets. I understand content may be reprinted for public dissemination, including but not limited to film, video, television, radio, newspapers, websites, and online platforms and social media networks. I release and relieve the parish and/or school and the Archdiocese of Atlanta, from any responsibility or liability for any claims arising from the publication or reproduction of any photographs or interview in any news or other media. I waive any and all right to inspect or approve the finished images, video or printed matter that may be used in conjunction with any image or video, or to approve the eventual use for which it may be applied.

I understand that photographs, videos, and/or interviews are being done with the knowledge and approval of the parish and/or school, and that a signed required for every participating individual.

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Parent/Guardian Signature

Date

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Print Parent/Guardian Name



## EXEMPTION FROM LICENSURE ACKNOWLEDGEMENT

**St. James Preschool**

**2021-2022**

Our preschool is not required by the Bright from the Start program (GA Dept. of Early Care and Learning) to be a licensed facility. This means that the Dept. of Early Learning verifies that we are compliant with and meet all local requirements of the Bright From the Start exemption criteria. For further information please see the “Parent Information Board” across from the workroom. 

St. James Preschool is a parish ministry that is monitored by the Archdiocese of Atlanta and must uphold standards of high quality, safety and appropriate early childhood education.

Please sign this form below that you acknowledge this information.

I understand that St. James Preschool is monitored by the Archdiocese of Atlanta and is not required to be licensed by the State of Georgia (Bright From the Start)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Child's Name \_\_\_\_\_