

A Ministry of St. James the Apostle Catholic Church



1000 Ga Hwy 155 N
McDonough, GA 30252

Phone: (770) 957-5441 Ext. 121

Fax: (770) 957-0383

Dear Parents,

It is with great pleasure that we welcome you and your family to our 2022-2023 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 11th**, you will receive the Preschool Parent Handbook. Please take time to read our handbook which can also be found on our website at: <http://www.stjamesapostleatholicchurch.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 and agree to our policies. 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!

Vickie Spieth

Vickie Spieth
Director

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 Acknowledgement
- I. Copy of Birth Certificate (not the original)
- J. Georgia Form #3231 Immunization Form





1000 GA Hwy. 155 N
McDonough, GA 30252

Office Use Only:

Date Fee Paid _____ Amount _____

Check # _____ Cash _____ Received By _____

Registered in Parish Soft by _____ Billing Set Up By _____

2022-2023 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: _____

How did you hear about our Preschool? ____ Member of Parish, ____ Web Search. ____ Other: _____

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 6 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

*A minimum of 6 children are required in order to offer this class

FIVES-(children must be five by Sept. 1st)

____ 5-day Fives** (Mon.—Fri.) Tuition \$300 a month—Registration fee \$300

**A minimum of 3 children are required in order to offer this class

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 15th and end May 11th. Our hours are 9am-1pm (9am-2pm for 5 Year Olds)
- Your child's placement is determined by their age as of September 1st, 2021.
- Three, four and five year olds must be completely potty - trained and comfortable with bathroom habits.

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 GA Hwy 155 N McDonough, GA 30252

Phone: 770-957-5441 Ext. 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 1st 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. **Payments received after the 19th of every month are subject to a \$15 late fee.**

Your first tuition payment for August and your last payment for May will be for half the month's tuition. 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

5 Day 5 year old class—\$150

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

5 Day 5 year old class—\$300

“How should we pay our tuition each month?”

- 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
- **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 pay by Online Giving.** If you choose to use our Online Giving system: <https://giving.parishsoft.com/App/Giving/PS-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 address: _____

Father's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Address: _____

Email address: _____

Names of other programs child has attended: _____

Family:

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)

Student Information Form cont'd

2022-2023

2 - 5 Year Old



St. James Preschool

Child's Name _____

List any physical or mental handicaps: _____

Special health accommodations:

Social and Physical Growth:

Right or left handed? _____ Does he /she talk well? _____ Shy? _____

Unusual Fears? _____

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

Favorite Games? _____ Favorite TV Programs? _____

Favorite Foods? _____ Favorite Toy (s) _____

Does he/she play well with other children? _____

Special Interests? _____

How often do you read to your child? _____ Do you visit a library? _____

Methods of discipline used with your child? _____

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: _____

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 2022-2023



- 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 1st 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 day 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 15th 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

2022-2023



I have received and read completely the St. James Catholic Church Preschool Handbook for the year 2022-2023 and agree to fully cooperate with the policies and guidelines therein.

Child's
Name _____

Parent's Signature _____ Date _____

Print Parent Name _____



Media release form

2022-2023



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 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.

Parent/Guardian Signature Date


Print Parent/Guardian Name



EXEMPTION FROM LICENSURE ACKNOWLEDGEMENT

St. James Preschool

2022-2023

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.

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 _____