

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 2024-2025 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, or the GA Department of Health. 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 8th**, you will receive the Preschool Parent Handbook. Please take time to read our handbook and 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:**

- \_\_\_\_\_ Registration Form and Registration Fee
- A. \_\_\_\_\_ Student Information Sheet (please complete both sides)
- B. \_\_\_\_\_ Emergency Medical Authorization Form
- C. \_\_\_\_\_ Financial Obligation Agreement
- D. \_\_\_\_\_ Release Form
- E. \_\_\_\_\_ Media Release Form
- F. \_\_\_\_\_ Exemption from Licensure Acknowledgement
- \_\_\_\_\_ Copy of Birth Certificate (not the original)
- \_\_\_\_\_ 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 _____

### 2024-2025 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:

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

\_\_\_\_ 2-day Ones (Tuesdays and Thursdays Only) Tuition \$210 a month-Reg. fee \$210

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

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

\_\_\_\_ 2-day Twos (Tues/Thurs) Tuition \$210 a month-Registration fee \$210

\_\_\_\_ 3-day Twos\* (Tues./Wed./Thurs.) Tuition \$230 a month-Registration fee \$230

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

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

\_\_\_\_ 3-day Threes (Tues./Wed./Thurs.) Tuition \$240 a month - Registration fee \$240

\_\_\_\_ 4-day Threes (Tues./Wed./Thurs./Fri.) Tuition \$260 a month - Registration fee \$260

\_\_\_\_ 5-day Threes\* (Mon. - Fri.) Tuition \$280 a month - Registration fee \$280

**\*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 \$240 a month - Registration fee \$240

\_\_\_\_ 4-day Fours (Tues./Wed./Thurs./Fri.) Tuition \$260 a month - Registration fee \$260

\_\_\_\_ 5-day Fours\* (Mon. - Fri.) Tuition \$280 a month - Registration fee \$280

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

Office Use: Registration/ Tuition Adjustments:
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#### Additional Information

- Registration Fee is due when registering your child.
- Your child's first tuition payment is due **on or before the first day of school**. All tuition payments are due on the **1st** of the month.
- Classes begin August 12th and end May 8th. Our hours are 9am-1pm
- Your child's placement is determined by their age as of September 1st, 2024.
- Three and four 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

\_\_\_\_\_  
Date

- |   |  |   |  |  |
|---|--|---|--|--|
| Registration Fee Paid <input type="checkbox"/>  | Registration Form <input type="checkbox"/> | Birth Certificate <input type="checkbox"/>              | Immunization Form <input type="checkbox"/> | Student Information Form <input type="checkbox"/>  |
| Emergency Medical Form <input type="checkbox"/> | Release Form <input type="checkbox"/>      | Financial Obligation Agreement <input type="checkbox"/> | Media Release <input type="checkbox"/>     | Exemption Acknowledgement <input type="checkbox"/> |

# 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 1<sup>st</sup> day of every month** except for August tuition which is due on or before 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 7th 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 year old classes - \$105**

**3 Day 2 year old classes—\$115**

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

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

**5 Day 3 and 4 year old classes - \$140**

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

**2 Day 2 year old classes - \$210**

**3 Day 2 year old classes—\$230**

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

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

**5 Day 3 and 4 year old classes - \$280**

***“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)**



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

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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): \_\_\_\_\_

Primary Language Spoken at home: \_\_\_\_\_ English Language Learner: \_\_\_ Yes \_\_\_ No

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 disabilities: \_\_\_\_\_

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: \_\_\_\_\_

**2024-2025**



Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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 2024-2025



- St. James Preschool is a non-profit organization. All tuition and fees that we collect go towards paying our staff wages, operational costs, supplies, books and materials, and teacher training. Therefore prompt payment is vital to the ongoing operation of our 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.**
- Should an account fall behind in payment, a late fee of \$15.00 will be charged after the 7th 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 your child is picked up late. Late fee will be accessed after 1:10pm. After 1:20pm, if a child is still present at the Preschool, the late fee will increase to \$5.00 per minute. 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 \_\_\_\_\_





# Media Release Form

2024-2025



I hereby grant permission for \_\_\_\_\_ to be

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 Sties 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.

**I understand that the most likely place my child will appear is in an individual, or group photo shared on social media (such as the St. James Facebook and Instagram profiles) and/or St. James the Apostle Catholic Church website in which my child’s name/identity will NEVER be used, or revealed on these sites.**

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Print Parent/Guardian Name



**EXEMPTION FROM LICENSURE ACKNOWLEDGEMENT**  
**St. James Preschool**  
**2024-2025**

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 \_\_\_\_\_