
 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 2025-2026 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.** 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 14th**, 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. _____ Release Form
- D. _____ Financial Obligation Agreement
- 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 _____

2025-2026 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 \$220 a month-Reg. fee \$220

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

____ 2-day Twos (Tues/Thurs) Tuition \$220 a month-Registration fee \$220

____ 3-day Twos (Tues/Weds/Thurs) Tuition \$240 a month-Registration fee \$240

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

____ 3-day Threes (Tues/Weds/Thurs) Tuition \$240 a month - Registration fee \$240

____ 4-day Threes (Tues/Weds/Thurs/Fri) Tuition \$260 a month - Registration fee \$260

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

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

____ 3-day Fours (Tues/Weds/Thurs) Tuition \$240 a month - Registration fee \$240

____ 4-day Fours (Tues/Weds/Thurs/Fri) Tuition \$260 a month - Registration fee \$260

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

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

____ 5-day Fives* (Mon—Thurs 9am-2pm; Fri 9am-1pm)
Tuition \$300 a month - Registration fee \$300

Office Use: Registration/
Tuition Adjustments:

- 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. Cash, check, or money order ONLY
- Classes begin August 18th and end May 14th. Our hours are 9am-1pm (9am-2pm for the FIVES)
- Your child's placement is determined by their age as of September 1st, 2025.
- 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 _____

Date _____

- Registration Fee Paid Registration Form Birth Certificate Immunization Form Student Information Form Emergency Medical Form Release Form Financial Obligation Agreement 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 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 1 year old class— \$110

2 Day 2 year old classes - \$110

3 Day 2 year old classes—\$120

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

5 Day 5 year old class— \$150

Tuition Payment Amount for months September – April:

2 Day 1 year old class—\$220

2 Day 2 year old classes - \$220

3 Day 2 year old classes—\$240

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

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)**



*** 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)

Student Information Form cont'd

2025-2026

1 Year Old



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: _____

2025-2026



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 2025-2026



- 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 1st 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 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 your child is picked up late. Late fee will be accessed after 1:10pm (2:10pm for Fives). After 1:20pm (2:20pm for Fives), 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

2025-2026



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 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.

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
2025-2026

Georgia's Department of Early Care and Learning (Bright from the Start) recently has made a change and will no longer directly oversee preschool programs like ours that are exempt from licensure. However, the Archdiocese of Atlanta's Office of Catholic Schools will continue to ensure this program follows prescribed guidelines for parish early childhood programs, and we anticipate no change to the high-quality preschool program and experience your family has known with our preschool. As always, we are happy to answer any questions you might have and are glad you have chosen our program for your child's early learning.

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.

Signed _____ Date _____
Print Name _____ Child's Name _____