

Registration fee: \$200.00 per child (This fee is non-refundable)

Maintenance fee: \$125.00 per family in parish – \$150.00 per family out of parish This fee is debited June 1.

St. Thomas More Preschool

Please check the preschool program your child will attend. Changes in your registration information must be made by July 15, 2010. Changes must be made in writing. No schedule changes will be made after July 15, 2010. Schedules changes may be made in January 2011 for the second semester.

<p>Preschool : 8:30 - 11:45</p> <p><u>Pre-K 4 & 5</u></p> <p>In Parish: \$233.00 : <input type="checkbox"/></p> <p>Out of Parish: \$253.00: <input type="checkbox"/></p> <p><u>Pre - Four</u></p> <p>In Parish \$243.00 : <input type="checkbox"/></p> <p>Out Of Parish: \$263.00 <input type="checkbox"/></p> <p><u>Three Year Old Class</u></p> <p>In Parish: \$255.00 <input type="checkbox"/></p> <p>Out Of Parish: \$275.00 <input type="checkbox"/></p>	<p>Preschool & Second Dismissal: 8:30 - 3:00</p> <p><u>Pre-K 4 & 5</u></p> <p>In Parish: \$363.00: <input type="checkbox"/></p> <p>Out of Parish: \$ 383.00 <input type="checkbox"/></p> <p><u>Pre - Four</u></p> <p>In Parish: \$373.00 <input type="checkbox"/></p> <p>Out of Parish: : 393.00</p> <p><u>Three Year Old Class</u></p> <p>In Parish: 385.00 <input type="checkbox"/></p> <p>Out of Parish \$405.00 <input type="checkbox"/></p>	<p>Preschool & A.M. Ext. Care 7:00 - 11:45</p> <p><u>Pre-K 4 & 5</u></p> <p>In Parish: \$268.00 <input type="checkbox"/></p> <p>Out of Parish: \$288.00 <input type="checkbox"/></p> <p><u>Pre - Four</u></p> <p>In Parish: \$278.00 <input type="checkbox"/></p> <p>Out of Parish: \$298.00 <input type="checkbox"/></p> <p><u>Three Year Old Class</u></p> <p>In Parish: 290.00 <input type="checkbox"/></p> <p>Out of Parish \$310.00 <input type="checkbox"/></p>
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<p>Preschool, Second Dismissal & A.M. Ext. Care: 7:00 - 3:00</p> <p><u>Pre-K- 4 & 5</u></p> <p>In Parish: \$390.00: <input type="checkbox"/></p> <p>Out of Parish: \$410.00: <input type="checkbox"/></p> <p><u>Pre - Four</u></p> <p>In Parish: \$400.00 <input type="checkbox"/></p> <p>Out of Parish: : 420.00 <input type="checkbox"/></p> <p><u>Three Year Old Class</u></p> <p>In Parish: 420..00 <input type="checkbox"/></p> <p>Out of Parish \$440.00 <input type="checkbox"/></p>	<p>Preschool & Ext. Care: 7:00 -6:00</p> <p><u>Pre-K- 4 & 5</u></p> <p>In Parish: \$453.00 <input type="checkbox"/></p> <p>Out of Parish: \$473.00 <input type="checkbox"/></p> <p><u>Pre - Four</u></p> <p>In Parish: \$463.00 <input type="checkbox"/></p> <p>Out of Parish: : 483.00 <input type="checkbox"/></p> <p><u>Three Year Old Class</u></p> <p>In Parish: 475.00 <input type="checkbox"/></p> <p>Out of Parish \$495.00 <input type="checkbox"/></p>	<p>Part-time Second Dismissal</p> <p>Second Dismissal : 11:45-3:00 <input type="checkbox"/></p> <p>\$9.00 daily</p> <p>Check the days your child will attend</p> <p>Mon. <input type="checkbox"/></p> <p>Tues. <input type="checkbox"/></p> <p>Wed. <input type="checkbox"/></p> <p>Thurs. <input type="checkbox"/></p> <p>Fri. <input type="checkbox"/></p> <p>We do not offer part-time extended care.</p>
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I understand I cannot change the above program schedule for my child after July 15, 2010. The schedule may be changed for the second semester in January 2011.

We cannot make deductions for emergency school closure and sickness or absence of any kind. I agree to abide by all the preschool policies stated above.

Parent's signature _____

Date of Application _____

Registration 2010-2011

Check the class you are registering for:

Three year old: children turning three by December 31, 2010 <input type="checkbox"/>
Pre-Four: children turning four between Oct. 1, 2010 and March 31,2011 <input type="checkbox"/>
Pre-Kindergarten Four: children turning four by September 30, 2010 <input type="checkbox"/>
Pre-Kindergarten Five: children turning five by February 28,2011 <input type="checkbox"/>

LAST NAME FIRST NAME MIDDLE NICKNAME (Only if used in school)

Student's Street Address _____ Zip Code _____

Student's Home Phone Number _____ Sex _____

Parents' E-Mail address _____

Student's Date of Birth _____ Student's Religion _____

Student Resides With: _____ (ex. Mother/Father, Mother/Stepfather, etc.)

Parent's Marital Status (please Check): _____ Married _____ Divorced _____ Separated _____ Remarried _____ Only Parent

Father's Name: First _____ Middle _____ Last _____

Father's Place of Business/Occupation _____ Business Phone _____

Cell Phone _____ Pager _____

Father's Education (Check highest achieved or degree): _____ High School _____ College (number of yrs. or degree Earned:

BA, BS, PhD, JD, MD) Father's Religion _____ Father: _____ Deceased _____ Living

Stepfather's Name: First _____ Middle _____ Last _____

Stepfather's Place of Business/Occupation _____ Business Phone _____

Mother's Name: First _____ Middle _____ Last _____

Mother's Place of Business/Occupation _____ Business Phone _____

Cell Phone _____ Pager _____

Mother's Education (Check highest achieved or degree): _____ High School _____ College (number of yrs. Or degree Earned:

BA, BS, PhD, JD, MD) Mother's Religion _____ Mother _____ Deceased _____ Living

Stepmother's Name: First _____ Middle _____ Last _____

Stepmother's Place of Business/Occupation _____ Business Phone _____

Church Parish in which you reside: _____ Church parish in which you are registered _____

Who is responsible for payment of tuition:

Name _____

Baptism:

Date: _____ Church _____ City _____

In case of illness or emergency during school hours, please list a name and local phone number of a person we may contact (**other than mother and father**)--possibly a neighbor or relative **in town only**:

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Persons authorized to pick up your child

Persons who **may not** pick up your child _____

Parent's Signature _____

List the student's Doctor and Phone Number

Dr. _____ Phone Number _____

List the student's Dentist and Phone Number

Dr. _____ Phone Number _____

List your hospital preference (in Baton Rouge)

Name _____ Phone Number _____

Is this student taking any medication? _____ Yes _____ No

If yes, please explain _____

Please list any health problems or allergies _____

Please list any preschool or daycare programs your child has attended

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Please list below all brothers and sisters:

Name of child _____ Birth Date _____ School attending _____

Personal History

Is child right-handed or left-handed? _____

Does Child have any allergies? _____

Is child **completely** toilet trained _____

What words does child use for toileting? _____

Sleeping habits _____

Language spoken at home _____

Child's first language _____ Child's second language _____

Any additional information such as discipline, child's communication, comforting, fears, and so on?

Because of the difficulty of limited space available to incoming students, we ask that you please complete the following so we can evaluate your application to St. Thomas More Preschool.

Church parish in which you are registered : _____ When registered with church parish: _____

Do you contribute to the church regularly through the use of envelopes? _____

If no, why not? _____

List siblings attending St. Thomas More School:

What evidence can you give to demonstrate your interest in and support of Catholic Education? (Evidence may include parents' attendance in Catholic school, involvement in parish, efforts to keep children in Catholic schools, etc.)
