2011/2012 Preschool Application & Information Checklist

FOR OFFICE USE ONLY				
DATE REC'D				
STUDENT ID				
\$30 REGISTRATION FEE				



THE DIFFERENCE IS PRAYER

STUDENT INFORMATION

Last Name		First Name			MI	
Preferred Name	Birthd	ate	SS#		Gender: Male Female	
Ethnic category: (Please (circle) one) (required for Diocesan reporting)	White • Hispanic • Bl	ack • Native American • Asian	1 • Multi-Racial • N	lative Hawaiian - Pacij	fic Islander	
Father/Guardian Please circle one	e: Married • Single • V	Vidowed • Divorced				
Dr. / Mr. Name				Work #		
Occupation			Place	Place of Employment		
Mother/Guardian Please circle) on	e: Married • Single •	Widowed • Divorced				
Dr. / Mrs. / Miss / Ms. Name			Work	#		
Occupation	<u>P</u>			Place of Employment		
Home Address		City/State/Zip				
Home Phone		Cell (Mom)		Cell (Dad)		
Email #1		Email #2		Email #3		
2011-12 CLASS SCHEDULE • PLEASE INDICATE 1st & 2nd CHOICE A \$30 non-refundable application fee per family, made out to GTACS, must accompany this 3 Year Old Class (Must be 3 years old by September 1, 2011 and toilet-trained)			ompany this form.	right to a a progra	GTACS reserves the right to cancel/change a program due to low enrollment.	
T/Th	8:15 a.m. to 11:0	00 a.m.	Room 101	Brenda Lau	\$137/month	
4 Year Old Class (Mu	ıst be 4 years old by [December 1, 2011)				
M/W/Fri T/W/Th		8:15 a.m. to 11:00 a.m. 12:15 p.m. to 3:00 p.m.		Brenda Lau Brenda Lau	\$192/month \$192/month	
Pre-Kindergarten/4 \ (PreK students must b		Class (4 years old must turn , 2011)	5 by March 31, 20)12.)		
——— PreK	M/T/W/Th	8:00 a.m. to 11:00 a.m	Room 103	Kathy Hiatt	\$232/month	
4 year olds	M/T/W	8:00 a.m. to 11:00 a.m.	Room 103	Kathy Hiatt	\$192/month	
Pre-Kindergarten Clo	uss (Must be 5 years o	old by December 31, 2011)				
M/T/W/Th		12:00 p.m to 3:00 p.m.	Room 103	Kathy Hiatt	\$232/month	

TUITION

Tuition is paid in 9 monthly installments. To hold your child's place in the preschool, the first payment is due August 1. Tuition is then due the first of each month after that with the last payment April 1. Tuition may be paid in full at any time.

PARISH INFORMATION

Please (circle) one: In-System Family · Parish Family · General Public

Religion	Baptism Date
Circle (Parish:) St. Francis • Immaculate Conception • St. Patr	ick • Christ the King • St. Joseph • no parish • other

HEALTH INFORMATION

Doctor	Phone	
Dentist	Phone	
List any medical conditions/allergies the school should be aware of:		
First DTP Immunization (required for enrollment)		

EARLY DROP-OFF PROGRAM

Holy Angels Preschool offers an early morning drop-off program through Munson starting at 7:00 a.m. for children who attend our morning programs. We have also added extended care before or after your child's preschool day as late as 6:00 pm. (Aftercare not available for 3-year olds) Please contact the office at 946-5961 or 946-6308 for information.

– I am interested to learn more about the Munson Enrichment/Care available for my 4 year old or PreK student. — I am interested in the Early Drop Program only.

PRESCHOOL INFORMATION CHECKLIST

Phone

In order to maintain the accuracy of our school records and to plan for the next school year, please complete this form and return.



1. Student Directory

Print parent's first and last name:

Address

If divorced, please list additional name(s), address and phone to be included in Directory:

Please check the information you would like included in the Student Directory.

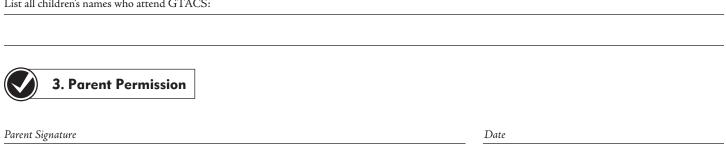


Please do NOT include me in the Directory for the 2011/12 school year.



I understand that during the course of school and school sponsored events, students will occasionally be photographed and/or videotaped for various GTACS publications, website, newspaper articles, Gladhander, etc. I hereby authorize such activities to take place.

List all children's names who attend GTACS:



Please return this form to the Holy Angels Office along with the Preschool Application. Thank you!