

# 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* \_\_\_\_\_ *Birthdate* \_\_\_\_\_ *SS#* \_\_\_\_\_ **Gender:** *Male* *Female*

*Ethnic category:* (Please circle one) *White* • *Hispanic* • *Black* • *Native American* • *Asian* • *Multi-Racial* • *Native Hawaiian - Pacific Islander*  
(required for Diocesan reporting)

*Father/Guardian* Please circle one: *Married* • *Single* • *Widowed* • *Divorced*

*Dr. / Mr. Name* \_\_\_\_\_ *Work #* \_\_\_\_\_

*Occupation* \_\_\_\_\_ *Place of Employment* \_\_\_\_\_

*Mother/Guardian* Please circle one: *Married* • *Single* • *Widowed* • *Divorced*

*Dr. / Mrs. / Miss / Ms. Name* \_\_\_\_\_ *Work #* \_\_\_\_\_

*Occupation* \_\_\_\_\_ *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 form.

GTACS reserves the right to cancel/change a program due to low enrollment.

### 3 Year Old Class (Must be 3 years old by September 1, 2011 and toilet-trained)

\_\_\_\_\_ T/Th                      8:15 a.m. to 11:00 a.m.                      Room 101                      Brenda Lau                      \$137/month

### 4 Year Old Class (Must be 4 years old by December 1, 2011)

\_\_\_\_\_ M/W/Fri                      8:15 a.m. to 11:00 a.m.                      Room 101                      Brenda Lau                      \$192/month  
 \_\_\_\_\_ T/W/Th                      12:15 p.m. to 3:00 p.m.                      Room 101                      Brenda Lau                      \$192/month

### Pre-Kindergarten/4 Year Old Combined Class (4 years old must turn 5 by March 31, 2012.) (PreK students must be 5 by December 31, 2011)

\_\_\_\_\_ 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 Class (Must be 5 years 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.

**MORE INFORMATION ON BACK**

## PARISH INFORMATION

Please **circle one**: In-System Family • Parish Family • General Public

Religion \_\_\_\_\_

Baptism Date \_\_\_\_\_

Circle **Parish**: St. Francis • Immaculate Conception • St. Patrick • 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

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: \_\_\_\_\_

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.

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



### 2. Photo Permission

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: \_\_\_\_\_



### 3. Parent Permission

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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