

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!