

Child's age as of September 1st, 2022 _____

St. Thomas Day School 2022-2023 Registration Form

Office Use Only:

2022-2023 REGISTRATION FEE (Non-Refundable) \$100.00 or \$150.00/Family \$ _____

PAYMENT METHOD: _____ CASH _____ CHECK _____ PROCARE AUTO BANK DRAFT

2022-2023 SCHOOL YEAR CLASSROOM & ATTENDANCE OPTIONS (please check class/days below):

INFANTS (ages 6 weeks-12 months) _____ 2 days _____ 3 days _____ 5 days

TODDLERS (ages 12-24 months) _____ 2 days _____ 3 days _____ 5 days

TWOS, THREES, PRE-KINDERGARTEN _____ 5 days only (Monday-Friday)

TUITION FEES PER CLASS:

INFANTS (6 weeks-12 months) & TODDLERS (12 months-24 months)	2 days \$175.00 MD & CM \$157.50	3 days \$250.00 MD&CM \$225.00	2 day- \$1,575.00 3 day- \$2,250.00
	5 DAYS A WEEK:		ANNUAL
INFANTS	\$350	CM&AM \$315	\$3,150.00
TODDLERS, TWOS & THREES	\$325	CM&AM \$292.50	\$2,925.00
PRE-KINDERGARTEN	\$350	CM&AM \$315	\$3,150.00

*St. Thomas Church Members (CM) and Military Discount (MD) receive a 10% discount per month.

*10% discount applied if full annual tuition is paid at time of registration.

CHILD'S FULL NAME:

PREFERRED NAME

(First) _____ (Middle) _____ (Last) _____

DATE OF BIRTH: / /

PARENT/GUARDIAN #1 NAME:

Home Address: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____

EMPLOYER: _____ WORK PHONE: _____

PARENT/GUARDIAN #2 NAME:

Home Address: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____

EMPLOYER: _____ WORK PHONE: _____

EMERGENCY CONTACT INFORMATION:

PRIMARY EMERGENCY CONTACT: _____

RELATIONSHIP TO CHILD: _____ PHONE: _____

CELL PHONE: _____

SECONDARY EMERGENCY CONTACT: _____

RELATIONSHIP TO CHILD: _____ PHONE: _____

CELL PHONE: _____

PERSON(S) AUTHORIZED TO PICK UP MY CHILD (besides parents/guardian or emergency contacts)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

MEDICAL RELEASE INFORMATION. PLEASE READ AND INITIAL THE FOLLOWING:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of accident or emergency, as prescribed by a treating physician. I will not hold St. Thomas Day School or its employees accountable.

I hereby give permission that my child, _____, may be given emergency treatment by a staff member at St. Thomas Day School. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment. I agree to not hold St. Thomas Day School and its employees accountable.

MEDICAL/INSURANCE INFORMATION:

CHILD'S PHYSICIAN: _____ PHONE NUMBER: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

PREEXISTING MEDICAL CONDITONS, MEDICATIONS AND/OR SPECIAL REQUIREMENTS YOUR CHILD MAY NEED: _____

PRE-EXISITNG ALLERGIES: _____

PLEASE READ AND INITIAL THE FOLLOWING:

_____ I understand that it is a requirement for my child to be potty trained to attend the three year old or Pre-K program at St. Thomas Day School.

_____ I give permission for my child to be filmed and/or photographed by St. Thomas Day School during the 2022-2023 school year including an updated photo that we will maintain for security purposes. I also give consent for the images to be used on Facebook, Instagram or in school publications. Names will not be published.

_____ I give permission for child's name and family contact information to be published in the St. Thomas Day School directory.

_____ I understand that it is the policy of St. Thomas Day School to not take teacher requests. Decisions are based on class rations and in the best interest of the child.

_____ I understand that if Tuition is not received by the 10th of every school month a \$25 late fee will be added to my statement.