

Child's age as of September 1<sup>st</sup>, 2023 \_\_\_\_\_

## St. Thomas Day School 2023-2024 Registration Form

**Office Use Only:**

2023-2024 REGISTRATION FEE (Non-Refundable) \$100.00 or \$150.00/Family \$ \_\_\_\_\_

PAYMENT METHOD: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ BRIGHT WHEEL AUTO DRAFT

**2023-2024 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+ months) \_\_\_\_\_ 2 days \_\_\_\_\_ 3 days \_\_\_\_\_ 5 days

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

### TUITION FEES PER CLASS:

<b>INFANTS (6 weeks-12 months) &amp; TODDLERS (12+ months)</b>	2 days \$225.00 MD & CM \$207.50	3 days \$300.00 MD&CM \$270.00	2 day- \$2,025.00 3 day- \$2,700.00
9:00 a.m.-1:00 p.m.	5 DAYS A WEEK:		ANNUAL
INFANTS	\$400	CM&MD \$360	<b>\$3,600.00</b>
TODDLERS, TWOS & THREES	\$375	CM&MD \$337.50	<b>\$3,375.00</b>
PRE-KINDERGARTEN	\$400	CM&MD \$360	<b>\$3,600.00</b>

\*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. Only one 10% discount may be applied.

**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: \_\_\_\_\_

PRE-EXISTING MEDICAL CONDITIONS, MEDICATIONS AND/OR SPECIAL REQUIREMENTS YOUR CHILD MAY NEED: \_\_\_\_\_

PRE- EXISTING 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 2023-2024 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 ratios and in the best interest of the child.

\_\_\_\_\_ I understand that if Tuition is not received by the 5<sup>th</sup> of every school month a \$25 late fee will be added to my statement.