

# St. Catherine's Preschool Application Form 2024-2025

## TO BE FILLED OUT BY OFFICE:

Date Received: \_\_\_\_\_

Student Control # \_\_\_\_\_

Teacher \_\_\_\_\_

Room # \_\_\_\_\_

Birth Certificate \_\_\_\_\_ Y \_\_\_\_\_ N

Immunization Records \_\_\_\_\_ Y \_\_\_\_\_ N

Baptismal Record \_\_\_\_\_ Y \_\_\_\_\_ N

(Recent Photo of Child)

## STUDENT INFORMATION:

Students Name: \_\_\_\_\_

Name Child Goes By: \_\_\_\_\_

Student Birthdate: \_\_\_\_\_ Age as of 9/01/24 \_\_\_\_\_ Male ( ) Female ( )

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## Family Information (Please check ALL appropriate categories.)

Lives with Mother and Father ( )      Parents Divorced or Separated ( )      Other ( )

Lives with Father ( )      Father remarried ( )

Lives with Mother ( )      Mother remarried ( )

\*Does the parent with whom the child does not live have any Court Restrictions placed on his/her Parental Rights? \_\_\_\_\_

If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE SUBSTANTIATE THESE ITEMS BY ATTACHING A COPY OF THE COURT ORDER/DIVORCE DECREE TO THIS FORM.

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Emergency Contact: Name:** \_\_\_\_\_  
**Phone #** \_\_\_\_\_  
**Relation:** \_\_\_\_\_

**The following people have my permission to pick up my child:**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Car Type/Color:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Car Type/Color:** \_\_\_\_\_

**Child's Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*My child has a medical condition and/or allergy that requires medication and a physician's attention (circle one) YES / NO*

**If yes please explain:**

\_\_\_\_\_  
\_\_\_\_\_

**Any non-medicated allergies we should be aware of (circle one) YES / NO**

**If yes, please explain:**

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about St. Catherine's Preschool?** \_\_\_\_\_

**Are you an Active St. Catherine's Parishioner? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**If yes, what year did you register at St. Catherine of Siena?** \_\_\_\_\_

**Name parish ministries that you are currently active in:** \_\_\_\_\_

\_\_\_\_\_

**If no, what parish are you a member of?** \_\_\_\_\_

**Is your child currently enrolled in another preschool? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**If yes, what is the name of the preschool?** \_\_\_\_\_

**Has your child ever been tested for a speech, language, learning or behavior difficulty?  
Yes \_\_\_ No \_\_\_ If yes, please attach a copy of the assessment.**

**Have you previously had a child at St. Catherine's Preschool? Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**Do you have a child currently enrolled or are registering a child at Saint Catherine of  
Siena Catholic School? Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**\*\*All children entering the Wee Two's program must be walking.\*\***

**\*\*All children entering the 3, 4, or 5-year-old programs must be potty trained by  
September 1, 2024. There will be no exceptions to this policy.\*\***

**\*\*This application is not a contractual agreement between the above party and St. Catherine's  
Preschool that your child is enrolled in St. Catherine's Preschool.**

**\*\*Only applications filled out in their entirety will be accepted and considered for admissions.**

All preschool tuitions are handled through FACTS Tuition Management Company as a direct withdrawal from your account. Completion of this FACTS form is required upon your acceptance of registration. All enrolled families for the 2024-2025 school year will be required to make a \$300.00 family tuition deposit by May 3, 2024. This amount will be deducted from your total tuition balance, and withdrawn through the FACTS payment system. Remaining tuition balance will be paid in equal monthly installments beginning July 2024 and ending March 2025. All fees, registration, resource, and family tuition deposit are non-refundable.

During completion of registration for the 2024-2025 school year, photocopies of birth certificate, immunization record, and baptismal certificate or date are required; registration/resource fees are also due at this time.

#### **PARENT PARTNERSHIP OF FAITH**

I understand that by entering this agreement, I agree to fully embrace the mission of St. Catherine of Siena and intend to enter into full partnership with our parish faith community as a responsible steward and disciple of Christ.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CLASSES OFFERED FOR FALL 2024

Please check classes by printing "1" by your first choice and "2" by your second choice.

<u>CLASS NAME / AGE</u>	<u>DAYS OF THE WEEK</u>	<u>MARK "1" OR "2"</u>
<b>Wee Two's</b> .....(9:00 – 12:00).....	Tuesday/Thursday	_____
August – December (9:00 – 12:00), January – May (9:00 – 1:00)		
(4 Day) <b>2's</b> .....(9:00 – 1:00).....	Monday – Thursday	_____
(3 Day) <b>2's</b> .....(9:00 – 1:00).....	Monday/Wednesday/Friday	_____
(5 Day) <b>3's</b> .....(9:00 – 1:00).....	Monday – Friday	_____
(4 Day) <b>3's</b> .....(9:00 – 1:00).....	Monday - Thursday	_____
(3 Day) <b>3's</b> .....(9:00 – 1:00).....	Monday/Wednesday/Friday	_____
(4 Day) <b>K-4's</b> ....(9:00 – 1:00).....	Monday – Thursday	_____
(5 Day) <b>K-4's</b> ....(9:00 – 1:00).....	Monday – Friday	_____
(5 Day) <b>Early Fives</b> (9:00 – 1:00).....	Monday – Friday	_____
(5 Day) <b>Five Alive</b> (9:00 – 1:00).....	Monday – Friday	_____
	when they turn 5 (Extended Day 8-3) Monday-Friday	_____

Do you need to coordinate your class days with a sibling? \_\_\_\_\_ Y \_\_\_\_\_ N

Name of sibling: \_\_\_\_\_

Age/class sibling is enrolled in: \_\_\_\_\_ Wee 2 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ K-4 \_\_\_\_\_ 5's

**Please place a (\*) by the correct response:**

\_\_\_\_\_ **Member of Saint Catherine of Siena Catholic Church**

\_\_\_\_\_ **Catholic & Non-Member of Saint Catherine of Siena Catholic Church**

\_\_\_\_\_ **Non-Catholic and Non-Member of Saint Catherine of Siena Catholic Church**

To be filled out by office:

Registration Fee Paid _____ Y _____ N	Check # _____	Amt Paid \$ _____	Date Paid _____
Resource Fee Paid _____ Y _____ N	Check # _____	Amt Paid \$ _____	Date Paid _____
Cash \$ _____			

**\*\* The FACTS tuition payment schedule for the 2024-2025 school year will begin in July 2024, ending March 2025.\*\***

**\*\*St. Catherine's Preschool does not have the staff, materials or equipment to provide adequate instruction for students with significant special needs.**

## **St. Catherine's Preschool Application Process**

- Complete the application form.
- If applying for more than one child, you must complete an application for each child.
- Sign and return to the Preschool office by February 5, 2024.

After current enrolled students and their siblings have completed registration, remaining positions will be filled from the applications received.

Criteria used are as follows:

- Current enrolled students and their siblings.
- Legacy students – siblings of students who previously attended St. Catherine's Preschool
- Students of active parishioners of St. Catherine's Parish.
- Siblings of students of St. Catherine of Siena Catholic School.
- Students of active parishioners of other parishes in the Archdiocese of Atlanta.
- Catholics transferring from other dioceses.
- Outside community students.

All decisions are made final by the Pastor of Saint Catherine of Siena Catholic Church.

Written notification of acceptance and tuition rates, registration and resource fee amounts will be given by mail or email the week of February 26, 2024.

An email confirmation should be sent to [preschool@stcatherinercc.org](mailto:preschool@stcatherinercc.org) to confirm your child's registration. Required documents, photocopies of birth certificate, immunization record, and baptismal certificate or date, can be scanned and emailed to the preschool. If these documents are not available to you at this time, you may send them in before the first day of school.

All tuitions are handled through FACTS Tuition Management Company as a direct withdrawal from your account. Completion of this FACTS form is required upon your acceptance of registration and will be available through an email link. All enrolled families for the 2024-2025 school year will be required to make a \$300.00 family tuition deposit by May 3, 2024. This amount will be deducted from your total tuition balance and withdrawn through the FACTS payment system. Remaining tuition balance will be paid in equal monthly installments beginning July 2024 and ending March 2025.

All fees, registration, resource, and family tuition deposit are non-refundable.

St. Catherine's Preschool Parent Handbook is available on our website, [www.scspreschool.org](http://www.scspreschool.org).

Please visit us on Facebook, [www.facebook.com/stcatherinespreschool](https://www.facebook.com/stcatherinespreschool).

Please keep this page for your records.