



Saint Brigid Day School Application 2018-2019

Please
Attach
Child's
Picture Here

Family Information

Child's name (First/Middle/Last) _____

Age (by 9/1/18) _____ birthdate _____ Race(optional) _____ Male/Female _____

Mother or Guardian's Name _____

Address _____

Subdivision _____ City _____ State _____ Zip _____

Home phone _____

Cell Phone _____

Work/Phone _____

Occupation _____

E-mail _____

Religious Denomination _____

Church Member of and envelope # _____

Father or Guardian's Name _____

Address _____

Subdivision _____ City _____ State _____ Zip _____

Home _____

Cell Phone _____

Work/Phone _____

Occupation _____

E-mail _____

Religious Denomination _____

Church Member of and envelope # _____

Person accepting responsibility for financial obligations _____

Child lives with: Mother _____ Father _____ Both _____ Other(explain) _____

Parents are (check all that apply) Married _____ Divorced _____ Widowed _____ Separated _____

Any siblings applying to Saint Brigid Day School? Yes No

Names/Age Levels _____

Names/Age Levels _____

Names/Age Levels _____

(please continue on back)

For office use only

Date Accepted _____

Enrolled In: Age Grp _____ Days _____

File Complete

Registration Ck # _____ Amount _____



Class Choice 2018-2019

Child's Name _____
First Middle Last

Home Phone and Cell Phone _____ E-mail _____

Child's age on 9/01/18 _____ Birthdate _____ Gender: Male Female

What is the primary language spoken at home? _____

Are you an active member of Saint Brigid Catholic Church? Yes No

Are you an active member of another Archdiocesan Catholic Church? Yes No

If yes where _____

Has this child or a sibling attended Saint Brigid Day School prior to this coming school year?

Yes No (if yes, what year?) _____

Do you have any other children applying to Saint Brigid Day School? Yes No

Name _____ Age level applying for _____

Name _____ Age level applying for _____

Do you want to start classes if one child is enrolled and one is placed on the waiting list?

Yes No (e.g. Bob is placed in M/ W/ F and there is not an opening for Joe)

Is this child a twin or a triplet? Yes No

If yes do you want this child placed with the other multiple(s)? Yes No

Would you like to be placed in the waiting pool if you do not get your first choice before being-placed in your second or third choice? Yes No

Would you like to be placed in the waiting pool if you do not get any of your choices below?

Yes No

Please indicate your choice of days:

Age level _____ 1st _____ 2nd _____ 3rd _____

(Space availability per day)			
2's	T/TH (12)	M/W/F (12)	
3's	M/W/F (15)	2, 3, 4 and 5 day optional days M/T/W/TH/F (15)	
4/Y5's	T/W/TH/F (18)	4/Y5's	M/T/W/Th/Fri (18)

***4/Y5 Class determined by enrollment -Young fives placement in multi-age Pre-K 4/Y5

For office use only

Staff Previously enrolled Sibling

Member of Saint Brigid # _____

Member of Catholic Church

Letter Sent _____ Phone Call _____ Placement Date _____



Saint Brigid Day School Parish Verification Form

Instructions: As part of the application process you are required to have your parish release information to the school regarding stewardship participation. Please fill out section A below and then turn this form into your parish office with a self addressed stamped envelope to be mailed to the St. Brigid Day School address listed below. If you are a member of Saint Brigid you may disregard the self addressed stamp envelope, but please turn it into the parish office, not the day school office.

Section A: To Be Filled Out By Applicant

Child's name (First/Middle/Last) _____ Age (by 9/1/18) _____

Family or Guardian's Name (First/Last) _____

Address _____

Subdivision _____ City _____ State _____ Zip _____

We are registered parishioners at: _____

I authorize my parish disclosure of the below information to Saint Brigid Day School:

Parent Signature _____

Section B: To Be Filled Out By Parish Personnel

The above stated parishioner has applied for their child to be accepted into Saint Brigid Day School. One of the admission criteria is a demonstrated commitment to the practice of the faith on the part of the applicant and his/her family.

- Yes, this family is registered at our parish. Date of registration _____
- Yes, this family is registered at our parish but, not active
- No, this family is not registered at our parish.

Please check the appropriate box:

Gives of time (volunteers on committee, ushers, etc.) Yes No

Attends liturgy on a regular basis. Yes No

Contributes financially to the parish. Yes No

Name of person completing this form – Please print name and title:

Your Signature _____

Pastors Signature _____ **Date** _____

Kindly Return Completed Form As Soon As Possible:

**Saint Brigid Day School,
Attention: Admissions,
3400 Old Alabama Road,
Johns Creek, Georgia 30022**



Saint Brigid Day School Enrollment Contract – School Year 2018-2019

Re-enrollment Enrollment (new student)

Student _____ Age on September 1, 2018 _____

Parent/ Guardian _____

Address _____

Street _____ City _____ State Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Early Childhood Tuition/ School Year 2018-2019

You have the option to pay the annual tuition in full or monthly. Again, tuition is an annual fee. An advanced tuition payment (AP) is non-refundable and must be received prior to the start of the school year.

	AP	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Total
2-Day Twos	\$240	\$240	\$240	\$240	\$240	\$240	\$240	\$240	\$240	\$2,160
3-Day Twos	\$285	\$285	\$285	\$285	\$285	\$285	\$285	\$285	\$285	\$2,565
2-Day Threes	\$270	\$270	\$270	\$270	\$270	\$270	\$270	\$270	\$270	\$2,430
3-Day Threes	\$340	\$340	\$340	\$340	\$340	\$340	\$340	\$340	\$340	\$3,060
4-Day Threes	\$405	\$405	\$405	\$405	\$405	\$405	\$405	\$405	\$405	\$3,645
5-Day Threes	\$485	\$485	\$485	\$485	\$485	\$485	\$485	\$485	\$485	\$4,365
4-Day PreK4/Y5	\$455	\$455	\$455	\$455	\$455	\$455	\$455	\$455	\$455	\$4,095
5-Day PreK4/Y5	\$495	\$495	\$495	\$495	\$495	\$495	\$495	\$495	\$495	\$4,455

Please read and initial each section of this contract:

_____ Payment Schedule: I understand that I, as parent or guardian, am responsible for payment of all fees. Classes require payment of the enrollment fee at the time of registration. This fee is non-refundable once your child is enrolled. **One month's advance tuition payment** is due upon enrollment. This fee is non-refundable after May 1, 2018. Tuition is divided into nine monthly payments for your convenience. They are not prorated according to days attended. September tuition is due September 1, and each month thereafter is due on the first of the month. Final tuition is due April 1.

_____ Payment Information: I understand that each returned check or bank draft will incur a \$35 charge. Upon receipt of a second returned check or bank draft, only money orders, cashiers checks or cash will be accepted for payment the remainder of the school year. All checks should be made payable to "Saint Brigid Day School". Tuition is due on the 1st of the month. Any payment made after the 10th day are considered late and will be assessed a late fee of \$10.

_____ Withdrawal Policy: I understand that in the event of withdrawal from the program 30 days written notice to the program is required. Previously paid fees will not be refunded.

_____ Dismissal Policy: I understand the school reserves the right to dismiss any student /family whose general attitude and habitual actions are contrary to the interest of Saint Brigid Day School and its students. Behaviors found totally unacceptable and warranting immediate action include, but are not limited to: excessive physical aggressiveness, harassment, abusive or vulgar language or vandalism. In such event, I understand that if my student is dismissed pursuant to this paragraph, I will not be entitled to any refund of tuition, and will be liable to pay any tuition or other fees, expenses, etc. still due.

_____ Directory Agreement: I give permission for my basic contact information (name, address and telephone number) to be given out on a classroom roster and a Saint Brigid Day School Directory

Parent/ Guardian Signature: _____ Date _____

Check # _____ Amount of Enrollment Fee _____



Emergency Medical and Child Release Form

Student Name _____ Age as of 9/01/18 _____ DOB _____

First Person to Contact When Child Is In School: Name Phone

Mother's Name _____ Home # _____

Business name _____ Work # _____

Cell # _____ Pager # _____

Father's Name _____ Home # _____

Business name _____ Work # _____

Cell # _____ Pager # _____

Doctor's Name _____ Phone # _____

Practice Name _____

Address _____

Insurance Company _____ Group# _____ Policy# _____

Dentist's Name _____ Phone # _____

Address _____

In the past year, list any serious injury, illness, communicable disease or operation your child has had:

Does your child regularly take any prescription or over the counter medication? Yes No
If yes, specify _____

List known allergies and treatment: Please write not applicable if child has no known allergy

Does your child require use of an inhaler or Epi-Pen for a medical condition? Yes No
If yes, Please provide physician authorization to administer if in need.

Please list 3 other names and numbers that can be called if both of you cannot be reached.

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

Please list three additional contacts, other than the parents, who are authorized to pick up your child. Please include name, address and home/cell phone numbers.

1. _____

2. _____

3. _____

Please be sure to verify the names and numbers above.

Release

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers Saint Brigid Day School authorities to exercise their own judgement in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Furthermore, by signing below you agree to be responsible for all expenses due to medical services provided for your child in case of an emergency action.

Parent/Guardian Signature _____

Date _____



Saint Brigid Day School Health Form

Student's Name _____ DOB _____

Allergies _____

Special Needs/Problems _____

Are all required immunizations up to date? Yes _____ No _____

If the student has been administered a TB test (recommended but not required), please fill in the dates and results below:

TB Skin Test on _____ Result _____
Date

I certify that the above named student was examined by me on _____
Date

At the time of the examination, this student was free from infectious or communicable disease. This student is able to participate in school activities for children age 2 through 5 years at Saint Brigid Day School. (Note: the exam must be performed within six months prior to current year enrollment at Saint Brigid Day School.)

Signature of Licensed Pediatrician or Health Care Provider

Date

IMPORTANT! Please attach to this form a completed **Georgia Department of Human Resources Certificate of Immunization (Form 3231)**