



# Saint Brigid Day School Application 2021-2022

Please  
Attach  
Child's  
Picture Here

## Family Information

Child's name (First/Middle/Last) \_\_\_\_\_

Age (by 9/1/21) 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 2021-2022

Child's Name \_\_\_\_\_  
First Middle Last

Home Phone and Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Child's age on 9/01/21 \_\_\_\_\_ 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)
3's Optional	M,T,W,Th, or Fr (15) choose 2, 3, 4, and/or 5 combination of days
PreK 4/5's	T/W/TH/F (18) PreK 4/5's M/T/W/Th/Fri (18)

### 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 Enrollment Contract - School Year 2021-2022

Re-enrollment       Enrollment (new student)

Student \_\_\_\_\_ Age on September 1, 2021 \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State Zip Code \_\_\_\_\_

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

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

## Early Childhood Tuition/ School Year 2021-2022

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
<b>2-Day Twos</b>	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$2,250
<b>3-Day Twos</b>	\$295	\$295	\$295	\$295	\$295	\$295	\$295	\$295	\$295	\$2,655
<b>2-Day Threes</b>	\$280	\$280	\$280	\$280	\$280	\$280	\$280	\$280	\$280	\$2,520
<b>3-Day Threes</b>	\$355	\$355	\$355	\$355	\$355	\$355	\$355	\$355	\$355	\$3,195
<b>4-Day Threes</b>	\$420	\$420	\$420	\$420	\$420	\$420	\$420	\$420	\$420	\$3,780
<b>5-Day Threes</b>	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$4,500
<b>4-Day PreK4/Y5</b>	\$470	\$470	\$470	\$470	\$470	\$470	\$470	\$470	\$470	\$4,230
<b>5-Day PreK4/Y5</b>	\$520	\$520	\$520	\$520	\$520	\$520	\$520	\$520	\$520	\$4,680

## 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, 2021. 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 is 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 \_\_\_\_\_



# 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.

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**Section A: To Be Filled Out By Applicant**

Child's name (First/Middle/Last) \_\_\_\_\_ Age (by 9/1/21) \_\_\_\_\_

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 \_\_\_\_\_

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**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**



# Wait List Application for 2021-2022 School Year

Child's name (First/Middle/Last) \_\_\_\_\_

Age (by 9/1/21) \_\_\_\_\_ birthdate \_\_\_\_\_ Race(optional) \_\_\_\_\_ Male/Female \_\_\_\_\_

**Parents or Guardians Name** \_\_\_\_\_

Address \_\_\_\_\_

Subdivision \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work/Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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 the 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

Please indicate your choice of days:

**Age Level**    **1st**    **2nd**    **3rd**    **1st available** \_\_\_\_\_

## Possible availability

**2's**    T/TH    M/W/F

**3's**    M/W/F    2, 3, 4 & 5 day (indicate days M/T/W/TH/F) Optional days

**4's**    T/W/TH/F    M/T/W/TH/F

**Y5's**    Mon/Tues/Wed/Thurs/Fri

## For office use only

Date Received \_\_\_\_\_ Date Called \_\_\_\_\_

Member of Saint Brigid # \_\_\_\_\_

Member of Catholic Church \_\_\_\_\_



# Emergency Medical and Child Release Form

Student Name \_\_\_\_\_ Age as of 9/01/21 \_\_\_\_\_ 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

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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.)

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*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)**





# Saint Brigid Day School Photo Release Form

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The children of Saint Brigid Day School may appear in photographs, publications, web pages, apps and/or video made in conjunction with school sponsored activities.

I give permission to show my child's photograph on the classroom website or app.

Yes      No

I give permission to show my child's parent names(s) on the class list on the classroom website or app.

Yes      No

I give permission for my child's photograph to appear in any publication, film, webpage, app, video, and/or documentation for Saint Brigid Day School.

Yes      No

I hereby waive and release any claim against Saint Brigid Day School and the Archdiocese of Atlanta from any responsibility or liability for any claims arising from the publication or reproduction of any photographs, publications, web page, app or video.

Child/Children's Names (please print):

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Parent(s)/Guardian

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_