

2023 - 2024 Saint Brigid Day School Application

Please Attach
Child's Picture
Here



FAMILY INFORMATION

Child's Name (First/Middle/Last): _____ Age (by 9/1/23): _____

Date of Birth: _____ Male | Female

Mother or Guardian's Name: _____

Address: _____ Subdivision: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work/Phone: _____

Occupation: _____ Email: _____ Religious Denomination: _____

Church Member of and Envelope #: _____

Father or Guardian's Name: _____

Address: _____ Subdivision: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work/Phone: _____

Occupation: _____ Email: _____ 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: _____

For Office Use Only

Date Accepted: _____ File Complete

Enrolled In: Age Group: _____ Days: _____ Registration Ck #: _____ Amount: _____

Brightwheel

(Please continue on back)

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In a short paragraph, please tell us more about your child, including strengths and weaknesses, and other personal characteristics. Please include any learning differences, medical or therapeutic treatment, and any other circumstances of which we need to be aware. A separate sheet may be attached.

Signature of Parent or Guardian: _____ Date: _____

An enrollment fee of \$125.00 per child or \$175.00 per family must accompany this application.

Please make checks payable to Saint Brigid Day School.

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CLASS CHOICE

Child's Name (First/Middle/Last): _____

Home and Cell Phone: _____ Email: _____

Child's Age on 9/01/23: _____ Birthdate: _____ Gender: Male | Female

What is your 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 wait list (e.g. Bob is placed in M/W/F and there is not an opening for Joel)? Yes | No

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 wait list 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 wait list if you do not get any of your choices below? Yes | No

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 (option of 4 or 5 days)	choose a combination of 4 or 5 days (15)	
PreK 4/5's	T/W/TH/F (18)	M/T/W/TH/F (18)

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Staff | Previously Enrolled | Sibling

Member of Saint Brigid #

Member of Catholic Church

Letter Sent: _____ Phone Call: _____ Placement Date: _____

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ENROLLMENT CONTRACT

Re-Enrollment | Enrollment (new student)

Student: _____ Age on September 1, 2023: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Early Childhood Tuition/School Year 2023 - 2024

You have the option to pay the annual tuition in full or monthly. 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	Fed	Mar	Apr	Total
2-Day Twos	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$2,250
3-Day Twos	\$295	\$295	\$295	\$295	\$295	\$295	\$295	\$295	\$295	\$2,655
2-Day Threes	\$280	\$280	\$280	\$280	\$280	\$280	\$280	\$280	\$280	\$2,520
3-Day Threes	\$355	\$355	\$355	\$355	\$355	\$355	\$355	\$355	\$355	\$3,195
4-Day Threes	\$420	\$420	\$420	\$420	\$420	\$420	\$420	\$420	\$420	\$3,780
5-Day Threes	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$4,500
4-Day PreK/Y5	\$470	\$470	\$470	\$470	\$470	\$470	\$470	\$470	\$470	\$4,230
5-Day PreK/Y5	\$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 a 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, 2023. 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: _____

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EMERGENCY MEDICAL AND CHILD RELEASE FORM

Student Name: _____ Age on 9/01/23: _____ DOB: _____

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

Mother's Name: _____ Home #: _____

Business Name: _____ Work #: _____

Cell #: _____ Email: _____

Father's Name: _____ Home #: _____

Business Name: _____ Work #: _____

Cell #: _____ Email: _____

Doctor's Name: _____ Home #: _____

Business Name: _____ Work #: _____

Cell #: _____ Email: _____

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, please provide physician authorization to administer if needed

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 needed.

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 name 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: _____

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PHOTO RELEASE FORM

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 classrom 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): _____

Parent(s)/Guardian

Signature: _____

Signature: _____

Date: _____